#### **ORDINANCE/RESOLUTION REQUEST**

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by 3:00pm on Monday.

### \*All fields must be completed.\*

Incomplete request forms will be returned to sender which may cause a delay in processing.

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## BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full and return with your current resume or biography to the address below.

#### Type or print in blue or black ink.

Board or Commission you are applying for:	Member of t	he DDA for De	nver Union Station
Last Name: _LambiotteI	First Name: .	fay	
Occupation/Employer: Chief Financial Office	er, East We	st Partners - Dei	iver
Work Address: 1610 Little Raven St. Suite	115	City: Denver	Zip: 80202
Work E-mail Address: jlambiotte@ewpartne	ers.com		
Work Phone: 303-607-7623 Work/Hom	ne Fax: 303.8	25.7758	
Home Address: 130 S. Eudora Street	City: D	enver	Zip: 80246
Home Phone:	Cell Pl	ione/ Pager: 530	)-448-6264
Home E-mail Address: jlambiotte@ewpartne			
Are you a registered voter? Yes I	f so, what ec	unty? Denver	
Colorado ID or Driver's License Number: 14	4-057-0283		
Denver City Council District No.:		Ethnicity White	•
Highest Level of Education or Degree Earne	d: MBA	Year (	Completed: 2004
Memberships/ Organizations/ Volunteer Act	ivities (inclu	de past or prese	nt):
Board Member – Denver Union Station Met	ro District		
ULI Product Council Member - Colorado			
Adventure Risk Challenge - past Board Mer	mber		
References (List three persons, not related to Name Add	you, whom dress	you have know	n at least one year): Phone Number
Rebecca Fischer (Sherman & Howard) 303.2	299.8324		
Chris Frampton (East West Partners) 303.60	7.7615		
Walker Stapleton (CO State Treasurer) 303:9	017.5739		
Special Information: Is there anything that would adversely affect If yes, please explain on a separate sheet o		dence in your a	ppointment or service? No
Return Completed Form to: Anthony R. Aragon, Director of Boards and	Signature Commission	XXXIII	Date

1437 Bannock Street, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

anthony.aragon@denvergov.org

# **BOARDS AND COMMISSIONS APPLICATION**



Please complete the following information in full and Return with your current resume or biography to the address below.

## Type or print in blue or black ink.

Last Name: Sisl	k	First Name Charles	na ann an t-aireann an an ann an ann an ann an t-aireann an t-aireann an t-aireann an t-aireann an t-aireann a
Occupation/Employer	: _RTD Chairman	The origin of the control of the state of th	
Work Address:16		K 36	City: _Denver
•		enver.com	<del>north the second secon</del>
Work Phone: _303-29	9-2307	Work/Home Fax: 3	03-443-
Home Address:67		City: Louis	
Home Phone:303-6	665-6889	Cell Phone/ Pag	er:303-956-
Home E-mail Address	<b>X</b>		: Hill House I in the
Are you a registered v	oter? Yes X No	If so, what county?USA	
Colorado ID or Driver	r's License Number: 92	2-214-8532	e:
Denver City Council I Caucasian	District No.: NA	Ethnicity	
Highest Level of Educ Boulder	cation or Degree Earne Year Completed:	ed: BA and JD- University of C 1967-1969	olorado
Memberships/ Organiz	zations/ Volunteer Act	ivities (include past or present):	
Louisville (2004-2011 November 2014 for a	) RTD Board Appoint four year term –Electe	r Pro Tem Louisville (1997-2003) I tee (February 2013-present) Elected ed RTD Chair in January 2014 iber of the Executive Board –Impact	to RTD District O in

Heather Balser Deputy City Manager L	ouisville – 303-335-4530	
Special Information:		ki kinging kepulai sebantan kiri pilai ni kiri kiri ketira petirannya dalam lada kiri kili ketan hari bilah sa
s there anything that would adversely affect p NoX	ublic confidence in your app	pointment or service? Yes
f yes, please explain on a separate sheet of	77.11.1	1111114
. 813113		
Si Return Completed Form to:	gYature (/	Date

anthony.aragon@denvergov.org