## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team at MileHighOrdinance@DenverGov.org by NOON on Wednesday.

\*All fields must be completed.\*
Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request: September 9, 2010	
Ple	ease mark one:	Bill Request	or	☐ Resolution Request	
1. Has your agency submitted this request in the last 12 months?				2 months?	
	☐ Yes	⊠ No			
	If yes, plea	se explain:			
2. <b>Title:</b> (Include a one sentence description that clearly indicates the type of request – grant acceptance, a municipal code change, supplemental request, etc.)				indicates the type of request – grant acceptance, contract execution,	
	September	2010 Insurance Renewals			
3.	. Requesting Agency: Department of Finance, Risk Management Office				
4.	<ul> <li>Contact Person: (with actual knowledge of proposed ordinance)</li> <li>Name: Terri Sahli</li> <li>Phone: 720-913-3357</li> <li>Email: Terri Sahli@denvergov.org</li> </ul>				
5.	<ul> <li>Contact Person: (with actual knowledge of proposed ordinance who will present the item at Mayor Council and who will be available for first and second reading, if necessary)</li> <li>Name: Raymond Sibley</li> <li>Phone: 720-913-3349</li> <li>Email: Raymond.Sibley@denvergov.org</li> </ul>				
6. General description of proposed ordinance including contract scope of work if applicable:				g contract scope of work if applicable:	
\$6,	Purchase In	surance coverage for the Ci	ty and Coun	nty of Denver including Denver International Airport not to exceed	
	d. Benefi	on: September 1, 2010 - on: N/A ed Council District: All	n	er 1 - 2011	
7.	Is there any conexplain.	ntroversy surrounding this	ordinance	e? (groups or individuals who may have concerns about it?) Please	
		То в	e completed	d by Mayor's Legislative Team:	
SIRE Tracking Number:				Date:	
Ordinance Request Number:				Date:	