

ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team
at MileHighOrdinance@DenverGov.org by **9 a.m. Friday**. Contact the Mayor's Legislative team with questions

Date of Request: 5/15/2026

Please mark one: Bill Request or Resolution Request

Please mark one: The request directly impacts developments, projects, contracts, resolutions, or bills that involve property and impact within .5 miles of the South Platte River from Denver's northern to southern boundary? (Check map [HERE](#))

Yes No

1. Type of Request:

Contract/Grant Agreement Intergovernmental Agreement (IGA) Rezoning/Text Amendment

Dedication/Vacation Appropriation/Supplemental DRMC Change

Other: Boards & Commissions Re/Appointments

2. **Title:** (Start with *approves*, *amends*, *dedicates*, etc., include name of company or contractor and indicate the type of request: grant acceptance, contract execution, contract amendment, municipal code change, supplemental request, etc.)

Approves the Mayor's appointment to the Old South Gaylord Business Improvement District. Approves the Mayor's appointment of Tim Felkner to the Old South Gaylord Business Improvement District for a term from 6-1-2026 through 5-30-2028 or until a successor is duly appointed, citywide.

3. **Requesting Agency:** Mayor's Office

4. Contact Person:

Contact person with knowledge of proposed ordinance/resolution (e.g., subject matter expert)	Contact person for council members or mayor-council
Name: Sterling Simms	Name: Sterling Simms
Email: Sterling.Simms@denvergov.org	Email: Sterling.Simms@denvergov.org

5. **General description or background of proposed request. Attach executive summary if more space needed:**
(who, what, why)

Appointment to Old South Gaylord Business Improvement District

6. **City Attorney assigned to this request (if applicable):** N/A

7. **City Council District:** Citywide

8. ****For all contracts, fill out and submit accompanying Key Contract Terms worksheet****

To be completed by Mayor's Legislative Team:

Resolution/Bill Number: _____

Date Entered: _____