ORDINANCE/RESOLUTION REQUEST

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

All fields must be completed.

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

					Date of	'Request: 04.14.14
Please mark one:		🛛 Bill Request	or	Resolution	Request	
1. Has y	our agency	submitted this request in	n the last 12 m	onths?		
Ľ	Yes	🖂 No				
If	f yes, please	explain:				
- that		cates the type of request: g				<u>actor</u> and <u>contract control number</u> nunicipal code change,
r						enue Fund 11706 of moneys on capital improvements and
3. Requ	esting Agen	cy: Technology Services	– Denver Med	ia Services		
■ N ■ P	ame: Julie hone: 720-	(With actual knowledge of Martinez or Frank Daidon 865-2302 (Julie); 720-913 Martinez@denvergov.org	ne -4906 (Frank)			
<u>will be</u> • N • P	<u>e available f</u> N ame: Julie Phone: 720-	(With actual knowledge og <u>or first and second reading</u> Martinez or Frank Daidon 865-2302 (Julie); 720-913 Martinez@denvergov.org	<u>g, <i>if necessary</i></u> ne -4906 (Frank)	.)		ne item at Mayor-Council and who
		ion of proposed ordinanc		ontract scope of	f work if applicable:	
Ассон 11711	ster of \$394, unting Num 1-3041000 5-3041400	Special Rev	ion Account enue Fund IN enue Fund Pu	ET Techno	ding Authority blogy Services blogy Services	Amount -\$394,122.66 +\$394,122.66
		e following fields: (Incomp ! – please do not leave blan		v result in a dela	y in processing. If a	field is not applicable, please
a	. Contrac	t Control Number:				
b						
c.						
d	D	Council District:				
e. f.						
7. Is the	re any cont	roversy surrounding this	ordinance? (Groups or indiv	iduals who may have	concerns about it?) Please
expla i N	in. Io					
		To b	e completed by	, Mayor's Legisl	ative Team:	
SIRE Trac	king Numbe	er:			Date Entered:	