ORDINANCE/RESOLUTION REQUEST

Please email requests to Daelene Mix at

daelene.mix@denvergov.org by NOON on Monday.

All fields must be completed.

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

					Date of Request:	3/1/11
Ple	ease mark one:	x Bill Request	or	☐ Resolution	n Request	
1.	Has your agency submitted this request in the last 12 months?					
	☐ Yes	x No				
	If yes, please	explain:				
2.	- that clearly indic supplemental requ For an ord	cates the type of request lest, etc.) dinance amendir	t: grant accept ng Chapte	er 48 of the R	e of company or contractor and gecution, amendment, municipal code evised Municipal Code and the collection o	ode change, of the City
3.	Requesting Agend	cy: Solid Waste Manag	gement			
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Charlotte Pitt Phone: 303-446-3413 Email: charlotte.pitt@denvergov.org					
5.	Contact Person: (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.) Name: Lars Williams and Charlotte Pitt Phone: 303-446-3403 and 303-446.3413 Email: lars.williams@denvergov.org and charlotte.pitt@denvergov.org					
6.	General description of proposed ordinance including contract scope of work if applicable:					
	the charge res		s extension als	so includes the abi	s City's to operate the curbside co lity to include Denver Public Sch	
	**Please complete enter N/A for that		Incomplete fie	elds may result in a	a delay in processing. If a field i	s not applicable, please
	a. Contract	t Control Number:				
	b. Duration	No end date.				
	c. Location					
			411 	h aaludauil ah	anihar Faransan arat af sami	
	e. Benefits: f. Costs: of in subsequent year.	changes annual based o			scribes. Fees cover cost of service covered costs in 2010 and are ex	
7.					ividuals who may have concerns of We don't expect any opposition	
		Te	o be completed	d by Mayor's Legi.	slative Team:	

SIRE Tracking Number:

Date Entered: _____