## **BILL/ RESOLUTION REQUEST**

1.	Title: Lehmann - Stephanie
2.	Requesting Agency:
3.	Contact Person with actual knowledge of proposed ordinance Name: Phone: Email:
4.	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  Name: Phone: Email:
5.	Describe the proposed ordinance, including what the proposed ordinance is intended to accomplish, who's involved a. Scope of Work
	b. Duration
	c. Location
	d. Affected Council District
	e. Benefits
	f. Costs
6.	Is there any controversy surrounding this ordinance, groups or individuals who may have concerns about it? Please explain.

Bill Request Number: CP14-0939 Date: 10/28/2014