ORDINANCE/RESOLUTION REQUEST

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

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

	. :				Date of Re	equest: July 15, 2014
Pi	ease mark one:	☐ Bill Request	or X X	Resolution Reques	t	
1.	Has your agency	submitted this request in	the last 12 month	as?		
	☐ Yes	XX No				
	If yes, please	explain:				
2.	Title: (Include a - that clearly indic supplemental requ	concise, one sentence descr cates the type of request: gr test, etc.)	ription – please inc rant acceptance, co	clude <u>name of compa</u> ontract execution, am	<u>ny or contractor</u> and <u>con</u> endment, municipal cod	<u>ntract control number</u> e change,
	Wastewater R approve the M	ne Mayoral reappointments Reclamation District Board Mayoral appointment of Ste July appointed.	of Directors for ter	ms effective immedi	ately and expiring June:	30, 2016 and to
3.	Requesting Agen	cy: Mayor's Office				
4.	Name: AnthPhone: 720-3			ce/resolution.)		
5.	<u>will be available f</u>	(With actual knowledge of or first and second reading	proposed ordinanc	ce/resolution <u>who wil</u>	l present the item at Ma	vor-Council and who
	 Name: Anth Phone: 720-8 Email: antho 		g			
6.	General descripti	on of proposed ordinance	e including contra	ct scope of work if a	applicable:	
	[Insert general	l description here.]				
	e de la companya de l					
ent	Please complete the ter N/A for that field	following fields: (Incompl – please do not leave blan	lete fields may resu k.)	lt in a delay in proce	ssing. If a field is not ap	oplicable, please
	a. Contractb. Durationc. Location					
		Council District:				
	e. Benefits:f. Costs:					
7.	Is there any contrexplain.	oversy surrounding this o	ordinance? (Group	os or individuals who	may have concerns abo	out it?) Please
	[Start typing h	ere.]		nagaran ng Pilipania sa		
			\			
		To be	completed by May	or's Legislative Tean	n:	
SIR	RE Tracking Number			Date En	tered:	

Boards and Commissions - Applicant Information

Printed Date: 07-15-2014

Prefix: COUNCILMAN Last Name: BROWN First Name: CHARLIE Middle Name:

Applicant\Appointee Record Id: 806 Date Last Modified: May-14-2007 02:46:31 AM MDT App Deleted Flag:

Occupation: COUNCILMEMBER

Employer: CITY AND COUNTY OF DENVER

Work Email:

Work Address: 1437 BANNOCK STREET #430

Work City: DENVER Work State: CO Work Zip: 80202 Work Zip Ext:

Work Phone: (720)865-9564 Work Phone Ext: Work Fax: (720)865-9540 Work Cell Phone:

Home Email: CHARLIE.BROWN@CI.DENVER.CO.US

Home Address: 2181 SOUTH COOK STREET

Home City: DENVER Home State: CO Home Zip: 80210 Home Zip Ext:

Home Phone: (303)758-4898 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: MALE Ethnicity: CAUCASIAN GLBT: UNDECLARED

City Council District: 6 City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: May-06-2005 09:02:23 AM MDT

Boards Applying For:

No boards listed.

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 190 BoardName: CITY-SCHOOL COORDINATING COMMISSION Delete Flag; N

Status: MEMBER Reason: APPOINTED Start Date: 01-01-2002 End Date: 12-31-2004 Tech Date: 12-31-2004

Resolution: Addendum: REP. CITY COUNCIL

Relation Id: 3510 BoardName: DENVER DRUG STRATEGY COMMISSION Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 05-09-2007 End Date: 01-24-2010 Tech Date: 01-24-2010

Resolution: Addendum:

Relation Id: 2766 BoardName: HOMELESS COMMISSION ON Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 03-29-2006 End Date: 07-18-2011 Tech Date: NONE

Date Printed: 07-15-2014 Page 1 of 2

Boards and Commissions - Applicant Information

Printed Date: 07-15-2014 .

Prefix: MS. Last Name: COHEN-VADER First Name: CHERYL Middle Name: D

Applicant\Appointee Record Id: 75 Date Last Modified: July-15-2014 08:30:05 AM MDT App Deleted Flag:

Occupation:

Employer:

Work Email:

Work Address:

Work City: Work State: CO Work Zip: Work Zip Ext:

Work Phone: Work Phone Ext: Work Fax: Work Cell Phone:

Home Email: CDCOHEN@ECENTRAL.COM Home Address: 10000 E. YALE AVE.#36

Home City: DENVER Home State: CO Home Zip: 80321 Home Zip Ext:

Home Phone: (303)745-4342 Home Cell Phone: (303)250-0628

Birth Date: July-04-2776 12:00:0 Gender: FEMALE Ethnicity: AFRICAN AMERICAN GLBT: UNDECLARED

City Council District: 4 City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: ECONOMIC DEVELOPMENT Interest: ECONOMIC DEVELOPMENT Confidence: NO

Confidence Extension:

City Employed: NO Date Submitted: May-06-2005 09:00:12 AM MDT

Boards Applying For:

DENVER PUBLIC LIBRARY TASK FORCE

METRO WASTEWATER RECLAMATION DISTRICT

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 2955 BoardName: AUDIT COMMITTEE Delete Flag: N

Status: FORMER Reason: WAS REPLACED Start Date: 04-01-2006 End Date: NONE Tech Date: NONE

Resolution: Addendum:

Relation Id: 75 BoardName: AUDIT COMMITTEE Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 02-01-2004 End Date: 03-31-2006 Tech Date: NONE

Resolution: Addendum: CHAIRPERSON

Relation Id: 2958 BoardName: CHARTER REVISION COMMITTEE Delete Flag: N

Date Printed: 07-15-2014 Page 1 of 3

Boards and Commissions - Applicant Information

Printed Date: 07-15-2014

Prefix: MR. Last Name: YOUNGER First Name: RONALD Middle Name: K

Applicant\Appointee Record Id: 807 Date Last Modified: August-09-2006 12:10:43 PM MDT App Deleted Flag:

Occupation:

Employer: Work Email:

Work Address: 2000 WEST THIRD

Work City: DENVER Work State: CO Work Zip: 80223 Work Zip Ext:

Work Phone: (303)446-3739 Work Phone Ext: Work Fax: (303)446-3774 Work Cell Phone:

Home Email:

Home Address: 4662 FRANKFORT WAY

Home City: DENVER Home State: CO Home Zip: 80239 Home Zip Ext:

Home Phone: (303)307-0984 Home Cell Phone:

Birth Date: July-04-2776 12:00:0 Gender: MALE Ethnicity: AFRICAN AMERICAN GLBT: UNDECLARED

City Council District: 11 City Council Other:

Registered Voter: UNDECLARED Registered County: Political Affiliation: UNDECLARED

Education Level: Year Completed:

Experience: UNDECLARED Interest: UNDECLARED Confidence: UNDECLARED

Confidence Extension:

City Employed: UNDECLARED Date Submitted: May-06-2005 09:02:23 AM MDT

Boards Applying For:

METRO WASTEWATER RECLAMATION DISTRICT

References

Reference 1: First Name: Last Name: Phone: Reference 2: First Name: Last Name: Phone: Reference 3: First Name: Last Name: Phone:

Skills, Activities, Memberships, Resume/Cover Letter:

Board Assignment Information:

Relation Id: 3003 BoardName: METRO WASTEWATER RECLAMATION DISTRICT Delete Flag: N

Status: MEMBER Reason: REAPPOINTED Start Date: 08-27-2012 End Date: NONE Tech Date: 06-30-2014

Resolution: 0597 2012 Addendum: REAPPT.-REAPPT

Relation Id: 807 BoardName: METRO WASTEWATER RECLAMATION DISTRICT Delete Flag: N

Status: MEMBER Reason: APPOINTED Start Date: 09-09-2004 End Date: 06-29-2006 Tech Date: 06-30-2006

Resolution: 640 2004 Addendum: REAPPT.

Date Printed: 07-15-2014 Page 1 of 1

anthony.aragon@denvergov.org

BOARDS AND COMMISSIONS APPLICATION



Please complete the following information in full and return with your current resume or biography to the address below.

Type or print in blue or black ink.

4 1
Board or Commission you are applying for: Metro Wastewater
Last Name: GARCIA First Name: Steve
Occupation/Employer: Refered GOVT.
Work Address: 4743 W. Tufts CR City Denver Zip: 80236
Work E-mail Address: 57 6Arcia 44 al Vahon. Com
Work Phone: 303-358-0590 Work/Home Fax: NA
Home Address: 4743 W. TUFTS ER City: Denver Zip: 80236
Home Phone: 303-284-4387 Cell Phone/ Pager: 303-358-0590
Home E-mail Address:
Arc you a registered voter? Yes No If so, what county?
Colorado ID or Driver's License Number: 92-079-1605
Denver City Council District No.: 2 Ethnicity Hispanic
Highest Level of Education or Degree Earned: Year Completed:
Memberships/ Organizations/ Volunteer Activities (include past or present):
CHAIR/member of Mayor Webb Laturo Advisory Comm.
CHAIR member of mental Health Coop of Denver
CHAIR/member & mayor Webb Bond program for Southwest Dewer
References (List three persons, not related to you, whom you have known at least one year):
Name Address Phone Number
Mike Din B 32nd i Vrian 3t 303 830-1776
Victor Padilla 27355. KnoxVillewy 303-808-3746
Kon Younger 4804 Frankfurt 303-307-0984
Special Information:
Is there anything that would adversely affect public confidence in your appointment or service? Yes No If yes, please explain on a separate sheet of paper,
Flee garea 7-3-14
Signature / Date / Return Completed Form to:
Anthony R. Aragon, Director of Boards and Commissions
1437 Bannock Street, Room 350 Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787
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