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 Request: June 5, 2014	
Please mark one:		☐ Bill Request	or	XX Resolution Request		
1.	Has your agency su	Ias your agency submitted this request in the last 12 months?				
	☐ Yes	XX No				
	If yes, please e	xplain:				
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract co</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change supplemental request, etc.)					
	To approve the Mayoral appointment of Louanna Romero to the West Colfax Business Improvement District for a term effective immediately and expiring October 3, 2015 OR until a successor is duly appointed.					
3.		Requesting Agency: Mayor's Office				
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Anthony Aragon Phone: 720-865-9032 Email: anthony.aragon@denvergov.org					
5.	will be available for Name: Anthon Phone: 720-86	<i>first and second readir</i> 1y Aragon	ng, if necesso	ordinance/resolution <u>who will present the</u> ary.)	item at Mayor-Council and who	
6. General description of proposed ordinance including contract scope of work if applicable:				·		
	[Insert general c	lescription here.]				
		ollowing fields: (Incom please do not leave bla		may result in a delay in processing. If a j	ìeld is not applicable, please	
	a. Contract C	Control Number:				
	b. Duration:c. Location:	Term effective imme	diately and	expiring October 3, 2015		
		ouncil District:	•			
	e. Benefits:					
	f. Costs:					
7.	Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.					
	[Start typing he	re.]				
		To l	oe completed	d by Mayor's Legislative Team:		
SIF	RE Tracking Number:		-	Date Entered:		

BOARDS AND COMMISSIONS APPLICATION

Please complete the following information in full, attach a cover letter, current resume or biography and return to the address below.

Type or print in blue or black ink.

Board or Commission you are applying for: W Colfax Business Improvment Orst.					
Last Name: Romero First Name: Louanna					
Occupation/Employer Store Manager / Walgreens					
Work Address: 5151 W Colfax ave City: Denver Zip: 80204					
Work E-mail Address: Mgr ()96570) Store, Walgreen, Com					
Work Phone: 720-214-1151 Work/Home Fax: 720-214-1155					
Home Address: 2250 W Virginia ave City. Denver Zip: 80223					
Home Phone: 303-742-9329 Cell Phone/ Pager: 780-253-99 7/					
Home E-mail Address: romero. Louanna @ Q mail com					
Are you a registered voter? Yes No If so, what county? Denver					
Denver City Council District No.: 3 Ethnicity (Optional) Hispanic					
Highest Level of Education or Degree Earned: High School Year Completed: 12					
Memberships/Organizations/Volunteer Activities (include past or present):					
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number					
Mike Simpson (DM) 6505 CherrySt Don Co 303 794 3220					
Juan Cervantes (CL) 120 Broadway Den Co 303-722 0771					
Keith Joyner (CL) 3555 Colo Blud Denner Co 303-320-7847					
Special Information:					
Is there anything that would adversely affect public confidence in your appointment or service? Yes					
If yes, please explain on a separate sheet of paper. 4-14-14					
Signature Date					