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: May 15, 2014
Please m	ark one:	Bill Request	or	XX Resolu	ntion Request
1. Has	your age	ncy submitted this request in	the last 1	months?	
	☐ Yes	XX No			
	If yes, ple	ase explain:			
- tha	t clearly i		ume of company or contractor and contract control number execution, amendment, municipal code change,		
		ent District Board of Directors			Gottlieb and Tom Secrist to the Bluebird Business diately and expiring June 3, 2018 OR until a successor is
3. Req	uesting A	gency: Mayor's Office			
•	Name: A Phone: 7	on: (With actual knowledge of anthony Aragon 20-865-9032 athony.aragon@denvergov.org	-	ordinance/resol	lution.)
<u>will</u> •	<i>be availal</i> Name:	on: (With actual knowledge of pole for first and second reading, anthony Aragon 20-865-9032 anthony.aragon@denvergov.org	if necess		lution who will present the item at Mayor-Council and who
6. Gen	eral desc	iption of proposed ordinance	includin	contract scop	e of work if applicable:
	[Insert ge	neral description here.]			
		the following fields: (Incomplo ield – please do not leave blant		nay result in a a	delay in processing. If a field is not applicable, please
	a. Cont	ract Control Number:			
	b. Dura		iately and	expiring June 3	3, 2018
	c. Loca d. Affec	tion: ted Council District:			
	e. Bene				
	f. Cost			٠	
7. Is the	•	ontroversy surrounding this o	ordinance	? (Groups or in	ndividuals who may have concerns about it?) Please
	[Start typi	ng here.]			
		To be	complete	by Mayor's Le	egislative Team:
SIRE Tra	acking Nu		-	· · ·	Date Entered:

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.

Board or Commission you are applying for:
Last Name: Cichard
Occupation/Employer: SELF
Work Address: 3310 E. Colfay City: Den Zip: 80206
Work E-mail Address: buzzzacler @ hot mail.com
Work Phone: 3 880 - 1925 Work/Home Fax: 3 377 8402
Home Address: 445 Wathwood Accity: Den Zip: 80206
Home Phone: 3 322 5232 Cell Phone/ Pager: 3 886 - 1925
Home E-mail Address:
Are you a registered voter? (Yes) No If so, what county? U - S A
Colorado ID or Driver's License Number;
Denver City Council District No.: 10 Ethnicity White
Highest Level of Education or Degree Earned: 35 Year Completed: 1967
Memberships/Organizations/Volunteer Activities (include past or present): Coてけ, CCHN, CHUN
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number
DAVID PADERSKI 3310E. COLFAX 3/947-260
MATTE LINKON 33/0E COLFAX 3/399-0501 BILL NUVAK 33/0E COLFAX 3/399-050
BILL NUVAK 3310 E COLFAX 3/399-050
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.
Return Completed Form to: Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350

anthony.aragon@denvergoy.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.

Return Completed F	form to:	Signature	Date	
Special Information: Is there anything that If yes, please explain	would adversely affe	ect public confidence in your of paper.	appointment or service? Y	es No
Christopher Stefan 2	240 Clay, Denver, C	O970-393-2540		
Evan Bailey3035	Humboldt St 303 619	9-6135		
_Don Novak	3121 E Colfax /	Ave, Denver, CO 80206	720-326-6246	
References (List three Name	*	to you, whom you have know	wn at least one year): Phone Number	
Memberships/ Organi	zations/ Volunteer A	ctivities (include past or pres	sent):	
Highest Level of Educ	cation or Degree Earn	ned: _Professional	_ Year Completed: _2007	
Denver City Council	District No.:	Ethnicity	W	_
Colorado ID or Drive	r's License Number:	020930729		
Are you a registered v	voter? <u>Yes</u> No	If so, what county?	_Denver	
Home E-mail Address	s:dewgottlieb@gn	nail.com		
Home Phone: _30387	00268	Cell Pho	ne/ Pager:	
Home Address: 35	36 Milwaukee St	_City: _Denver	Zip:80205	
Work Phone: _303870		Work/Home	e Fax:	÷
Work E-mail Address	: _drewgottliebpc@g	mail.com		
Work Address: _1515 80206	5 Madison St	·	City: _Denver	Zip:
•	-	er/Operator. Drew Gottlieb,		
Last Name:Gottliel	b	First Name: _D	Prew	

Anthony R. Aragon, Director of Boards and Commissions 1437 Bannock Street, Room 350

Denver, CO 80202 Phone: (720) 865-9032 Fax: (720) 865-8787

Denver, CO 80202 Phone: (720) 865-9032

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.

Board or Commission you are applying for: Bluebird BIO									
Last Name: Secrist First Name: Tom									
Occupation/Employer: Selfraployed									
Work Address: 1532 Milwanker St. City: DeNuer Zip: 80206									
Work E-mail Address: Secrist properties & gmail. Com									
Work Phone: 3-523-968/ Work/Home Fax: 3-316 - 9392									
Home Address: Same as work City: Zip:									
Home Phone: Cell Phone/ Pager:									
Home E-mail Address:									
Are you a registered voter? Yes No If so, what county? Denvek									
Colorado ID or Driver's License Number: 72-209 -4311									
Denver City Council District No.: 8 Ethnicity Caucasian									
Highest Level of Education or Degree Earned: BSG Townstale Year Completed: 83									
Memberships/ Organizations/ Volunteer Activities (include past or present):									
ColCut on the Hill (Past President), CHUW Ast Board									
Member, Denver Digs Trees Past volunteer									
References (List three persons, not related to you, whom you have known at least one year): Name Address Phone Number									
LYNNE Hanson 1585 Filbert CT 3-889-9473									
Ui Vian More 2601 Clayton 3-523-9682									
Jon Coziahr 2601 Yorkst 3-989-9473									
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes	<u></u>								
Special Information:	<u></u>								
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. 4/30/14	_ 								
Special Information: Is there anything that would adversely affect public confidence in your appointment or service? Yes	<u>-</u>								

Fax: (720) 865-8787