

## **BILL/ RESOLUTION REQUEST**

- 1. Title:** Approves a lease agreement with Denver Health and Hospital Authority (DHHA) for space for the Office of Medical Examiner (OME) at 500 Quivas in Council District 7 for \$11,176,675.64 and through 12-31-2025 (FINAN 201524424-00).
  
- 2. Requesting Agency:** Department of Finance
  
- 3. Contact Person *with actual knowledge of proposed ordinance***  
**Name:** Lisa Lumley  
**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: RR15-0748**

**Date: 10/6/2015**