

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: July 9, 2020

Please mark one: Bill Request or Resolution Request

1. Has your agency submitted this request in the last 12 months?

Yes No

If yes, please explain:

2. **Title:** (Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

To approve the Mayoral appointments of the following individuals to the Regional Emergency Medical and Trauma Council (RETAC):

The Regional Emergency Medical and Trauma Council or RETAC is charged with maintaining the provisions of minimal services regarding emergency medical services and a trauma care system.

Gary Bryskiewicz, Castle Rock (M)(C) for a term expiring February 15, 2022, appointed;

Eric M. Champion, MD, FACS, Denver (M)(C) for a term expiring February 15, 2022, appointed;

Ryan Lawless, MD, FACS, Littleton (M)(C) for a term expiring February 15, 2022, appointed;

Kevin E. McVaney, MD, Greenwood Village (M)(C) for a term expiring February 15, 2022, reappointed.

3. **Requesting Agency:** Mayor's Office of Boards and Commissions

4. **Contact Person:** (With actual knowledge of proposed ordinance/resolution.)

- **Name:** Romaine Pacheco
- **Phone:** 720.865.9085
- **Email:** romaine.pacheco@denvergov.org

5. **Contact Person:** (With actual knowledge of proposed ordinance/resolution who will present the item at Mayor-Council and who will be available for first and second reading, if necessary.)

- **Name:** Romaine Pacheco
- **Phone:** 720.849.7935
- **Email:** romaine.pacheco@denvergov.org

6. **General description of proposed ordinance including contract scope of work if applicable:**

****Please complete the following fields:** (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)

- a. **Contract Control Number:**
- b. **Duration:**
- c. **Location:**
- d. **Affected Council District:**
- e. **Benefits:**
- f. **Costs:**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: RR20 0693

Date Entered: _____

7. Is there any controversy surrounding this ordinance? (Groups or individuals who may have concerns about it?) Please explain.

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Date Entered: _____