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: August 1	7, 2022
Ple	ease mark one:	☐ Bill Request	or		
1.	Has your agency submitted this request in the last 12 months?				
	☐ Yes	⊠ No			
	If yes, please	explain:			
2.		cates the type of request: g		please include <u>name of company or contractor</u> and <u>contract control neeptance, contract execution, amendment, municipal code change,</u>	<u>umber</u>
	To approve the M District:	ayoral reappointments of t	he following	ving individuals to the Cherry Creek Sub Area Business Improvement	
	Dan Reagan, Engl	lewood (M)(C) to serve as	a tenant in	in the District for a term expiring August 31, 2025, reappointed;	
	Paul Stann, Denve	er (M)(C) to serve as a proj	perty owne	ner in the District for a term expiring August 31, 2025, reappointed;	
	David Veldman, Freappointed.	Fort Collins (M)(C) to serv	e as a prop	operty owner in the District for a term expiring August 31, 2025,	
3.	Requesting A	Agency: Mayor's Off	ice of Boar	ards and Commissions	
4.	Name: RomPhone: 720.			ed ordinance/resolution.)	
5.	will be available fName: RomPhone: 720.	for first and second reading the packets and second reading the packets are for the packets and second reading the packets are for the packets are	g, if necess	d ordinance/resolution <u>who will present the item at Mayor-Council an</u> <u>ssary</u> .)	<u>ıd who</u>
6.	General descript	ion of proposed ordinanc	e includin	ing contract scope of work if applicable:	
		e following fields: (Incomp l – please do not leave blan		ls may result in a delay in processing. If a field is not applicable, plea	se
	a. Contracb. Duration	t Control Number: n:			
	c. Location				
	d. Affected e. Benefits:	Council District:			
	f. Costs:				
7.	Is there any cont explain.	roversy surrounding this	ordinance	ace? (Groups or individuals who may have concerns about it?) Please)
	None				
		To be	e completed	ted by Mayor's Legislative Team:	
SIF	RE Tracking Number	er:		Date Entered:	