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: September 9, 2022
Please mark one:		c one:	☐ Bill Request	or	□ Resolution Request
1.	Has you	Has your agency submitted this request in the last 12 months?			
		Yes	⊠ No		
	If y	es, please	explain:		
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control number</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)				
	Approving the Mayoral appointment of the following individual to the Denver Community Corrections Board.				
		enner, Den 5, appointe		presentat	ive of the Colorado Office of the Public Defender for a term expiring June
3.	Rec	questing A	gency: Mayor's Offic	e of Boar	rds 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.	Genera	l descriptio	on of proposed ordinance	includin	ng contract scope of work if applicable:
			following fields: (Incompl – please do not leave blan		may result in a delay in processing. If a field is not applicable, please
	a.	Contract	Control Number:		
	b.	Duration			
	c.	Location	: Council District:		
	d. e.	Benefits:	Council District:		
	f.	Costs:			
7.	Is there		oversy surrounding this o	ordinanc	ee? (Groups or individuals who may have concerns about it?) Please
	Noi	ne			
			To be	complete	ed by Mayor's Legislative Team:

SIRE Tracking Number: _____

Date Entered: