

## ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team  
at [MileHighOrdinance@DenverGov.org](mailto: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 27, 2022

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.)

Approves the Mayor appointment of the following individual to the Denver Commission on Aging:

Gina Del Castillo, Wheat Ridge, (F)(H) for a term expiring August 31, 2025, appointment.

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](mailto: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](mailto:romaine.pacheco@denvergov.org)

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

Appointment of members to Denver Commission on Aging .

**\*\*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:**

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

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: \_\_\_\_\_

Date Entered: \_\_\_\_\_