## 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 Reques	st: 10/24/16
Ple	ease mark one:	⊠ Bill Request	or	☐ Re	esolution Requ	iest		
1.	Has your agency su	bmitted this request i	n the last 12	2 months	?			
	☐ Yes	⊠ No						
	If yes, please ex	xplain:						
2.		ncise, one sentence dess ses the type of request: ¿ tt, etc.).						<u>trol number</u>
	Establish a new storm capital improvement fund for Public Works Wastewater Management Division for the Regional Water Quality Program.							
3.	Requesting Agency	: Department of Financ	e – Budget	and Mana	gement Office			
4.	<ul><li>Name: Sara C</li><li>Phone: 720-91</li></ul>			ordinance	e/resolution.)			
5.		ith actual knowledge of first and second readin			/resolution <u>who</u>	o will present the it	tem at Mayor-Coun	<u>cil and who</u>
	<ul><li>Department of I</li><li>Name: Sara Cu</li><li>Phone: 720-91</li><li>Email: Sara.C</li></ul>	nningham	v.org					
	Public Works Name: Sarah A Phone: 720-86 Email: Sarah.		org					
	<ul><li>Name: Peter Sp</li><li>Phone: 303/44</li><li>Email: Peter Sp</li></ul>		.org					
6.	General description	n of proposed ordinan	ce including	g contract	t scope of wor	k if applicable:		
		m capital improvement ving fund will be created		blic Work	s Wastewater M	Management Divisi	ion for Water Quali	ty Capital
	72705 – Water Qual This is an appropriat	ity Capital Projects ed, non-lapsing fund.	Γhis is a con	mpanion o	rdinance to the	2017 Long Bill.		
		То b	pe completed	d by Mavo	r's Legislative	Team:		
SIF	RE Tracking Number:		<u>.</u>	- *	Ü	te Entered:		

	a.	Contract C	Control Number:	N/A					
	b.	<b>Duration:</b>	Permanent						
	c.	<b>Location:</b>	N/A						
	d.	Affected C	ouncil District:	N/A					
	e.	<b>Benefits:</b>	Better financial a	accounting					
	f.	Costs: N/	A						
7.	Is there		versy surrounding	g this ordinaı	nce? (Groups or	individuals who	o may have conce	erns about it?) P	lease
		•							
	None.								
				To he comple	eted by Mayor's I	Legislative Tear	n·		
					oy 1110y01 31				
SII	RE Tracki	ing Number:				Date En	tered:		

\*\*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.)