## 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: November 21, 20	)1(
Please mark one:		[	☐ Bill Request	st	or		X Resolution Request		
1.	Has you	Has your agency submitted this request in the last 12 months?							
		Yes	3	K□ No					
	If y	es, plea	se expl	ain:					
2. <b>Title:</b> (Include a concise, one sentence description – please include <u>name of company or contractor</u> c - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municip supplemental request, etc.)									<u>ver</u>
								n and Al Gardner to the Denver African American Commission for terms or until a successor is duly appointed.	ıs
3.	Reques	ting Age	ency: N	Mayor's Office					
4.	<ul> <li>Contact Person: (With actual knowledge of proposed ordinance/resolution.)</li> <li>Name: Barry Burch Jr.</li> <li>Phone: 720-865-9128</li> <li>Email: barry.burch@denvergov.org</li> </ul>								
5.	<u>will be o</u> ■ Na: ■ Pho	available me: Ba one: 72	<i>e for fir</i> arry Bur 20-865-9	<u>st and second r</u> ch Jr.	<u>reading, i</u>			ordinance/resolution <u>who will present the item at Mayor-Council and whary.)</u>	<u>10</u>
6.	Genera	General description of proposed ordinance including contract scope of work if applicable:							
	[Ins	sert gene	eral des	cription here.]					
				w <b>ing fields:</b> (Ii ease do not leav			s ma	nay result in a delay in processing. If a field is not applicable, please	
	a.	Contra	act Con	trol Number:					
	b.	Durati		Terms effective	immedia	ately an	nd e	expire on May 1, 2018	
	с.	Locati							
	d. e.	Benefi		ncil District:					
	f.	Costs:							
7.	Is there	any co		sy surroundin	ng this or	dinanc	ce?	? (Groups or individuals who may have concerns about it?) Please	
	_	• art typin	g here l						
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					To be co	omplete	ed b	by Mayor's Legislative Team:	
SIF	RE Tracki	ing Num	ıber:			_		Date Entered:	