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.

| Ple | Date of Request: March 13, 301 case mark one: Bill Request or XX Resolution Request |
|-----|---|
| 1. | Has your agency submitted this request in the last 12 months? |
| | ☐ Yes XX☐ No |
| | If yes, 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.) |
| | Approve the Mayoral appointment of Mary Beth Susman to the Cableland Home Foundation Board of Directors for a term effective immediately and to serve at the pleasure of the Mayor. |
| 3. | Requesting Agency: Mayor's Office |
| 4. | Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Barry Burch Jr. Phone: 720-865-9128 Email: barry.burch@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: Barry Burch Jr. Phone: 720-865-9128 Email: barry.burch@denvergov.org |
| 6. | General description of proposed ordinance including contract scope of work if applicable: |
| | [Insert general description here.] |
| | Please complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please ento A for that field – please do not leave blank.) |
| | a. Contract Control Number: |
| | b. Duration: Term effective immediately and serving at the pleasure of the Mayor. |
| | 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. |
| | [Start typing here.] |
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| | To be completed by Mayor's Legislative Team: |
| SII | RE Tracking Number: Date Entered: |