ORDINANCE/RESOLUTION REQUEST

Please email requests to the Mayor's Legislative Team

at MileHighOrdinance@DenverGov.org by 3:00pm on Monday. For any questions please contact Skye Stuart.

All fields must be completed.

Incomplete request forms will be returned to sender which may cause a delay in processing.

				Date of Request: 04/10/201
Please mark one:	X Bill Request	or	☐ Resolution R	equest
1. Has your ager	ncy submitted this request i	in the last 12	2 months?	
☐ Yes	X No			
If yes, ple	ase explain:			
*	ndicates the type of request:	^		f company or contractor and contract control number ation, contract amendment, municipal code change,
Official	Map Amendment App	olication #	‡2017I-00033	
3. Requesting Ag	gency: CPD			
will be availab ■ Name: A ■ Phone: 7	le for first and second readin			who will present the item at Mayor-Council and who
6. General descr	iption/background of prop	osed ordina	ance including contra	act scope of work if applicable:
Rezonin	g request from I-A, U	O-2 to I-M	/IX-8, UO-2	
**Please complete	-	plete fields 1		in processing. If a field is not applicable, please
a. Contr	ract Control Number: N/A			
	ract Term: N/A			
	tion: 4201, 4203, 4211 & 42	21 Brighton	ı Blvd	
	ted Council District: 9			
e. Benef f. Contr	ract Amount (indicate ame	_	all area and neighborhor nt and new contract	
				uals who may have concerns about it?) Please
No, four a	ffected RNOs have provided	l letters of su	ıpport.	
	To l	be completed	d by Mayor's Legislat	ive Team:

SIRE Tracking Number:

Date Entered: