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: September 21, 201'
Ple	ease mark	one:	☐ Bill Request	or	X Resolution Request
1.	Has your	Has your agency submitted this request in the last 12 months?			
		Yes	X No		
	If ye	s, 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.)				
	and.	Jackie Kii		ssion for Pe	Hess, Damian Rosenberg, Joe Anzures Jr., Pamela Bisceglia, Mari Lucci, eople with Disabilities for terms effective immediately and expiring on appointed.
3.	Requesti	ng Ageno	cy: 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	descripti	on of proposed ordinar	ice includin	ng contract scope of work if applicable:
	[Inse	ert general	l description here.]		
			following fields: (Incom – please do not leave blo		s may result in a delay in processing. If a field is not applicable, please
	a.	Contract	Control Number:		
		Duration		nediately and	nd expiring September 30, 2019.
		Location	: Council District:		
		Benefits:			
		Costs:			
7.	Is there a	any contr	coversy surrounding thi	is ordinance	ce? (Groups or individuals who may have concerns about it?) Please
	[Star	t typing h	nere.]		
			To	be completed	ed by Mayor's Legislative Team:
SIRE Tracking Number:					Date Entered: