## ORDINANCE/RESOLUTION REQUEST

Please email requests to Angela Casias

at angela.casias@DenverGov.org by 12:00 pm on Monday.

## \*All fields must be completed.\*

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

| Please ma                   | ark one:                                                                                       | ☐ Bill Request                                                                  | or                      |                            | Date of Request:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | October 4, 2017      |
|-----------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1. Has y                    | our agency                                                                                     | submitted this request i                                                        | n the last 1            | 2 months?                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
|                             | Yes                                                                                            | ⊠ No                                                                            |                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| I                           | –<br>f yes, pleaso                                                                             | e explain:                                                                      |                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| 2. Title: - that            | (Include a                                                                                     | concise, one sentence <u>des</u><br>cates the type of request: §                | grant accep<br>Inc.     | tance, contract execution  | mpany or contractor and con, contract amendment, mi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
|                             | esting Ager<br>cy Division                                                                     |                                                                                 |                         |                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| • N                         | Name: Mat<br>Phone: 720                                                                        | (With actual knowledge of<br>t MacLachlan<br>865-3167<br>thew.maclachlan@denver |                         | ordinance/resolution.)     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |
| <u>will b</u><br>■ N<br>■ F | <u>e available</u><br>Name: Ang<br>Phone: 720                                                  | <i>for first and second readin</i><br>gela Casias                               | ig, if necess           |                            | o will present the item at M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ayor-Council and who |
| 6. Gene                     | ral descript                                                                                   | tion/background of prop                                                         | osed ordina             | ance including contract    | scope of work if applicabl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | le:                  |
| a                           |                                                                                                | ere will be a work order n                                                      |                         |                            | e issued and individual wor<br>nis amendment will add an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |
| **Please of enter N/A       | <b>complete th</b><br>for that field                                                           | e <b>following fields:</b> (Incom <sub>,</sub><br>d – please do not leave bla   | plete fields i<br>ink.) | may result in a delay in p | rocessing. If a field is not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | applicable, please   |
| a<br>b<br>c<br>d<br>e<br>f  | <ul><li>Contract</li><li>Location</li><li>Affected</li><li>Benefits</li><li>Contract</li></ul> | t Term: The current n: Various Cit Council District: Cit                        | ywide                   |                            | is amendment the contract states and the contract states all the contract states are a | ·                    |
| expla                       | -                                                                                              | troversy surrounding thi                                                        | s ordinance             | e? (Groups or individuals  | s who may have concerns a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | bout it?) Please     |
|                             |                                                                                                | To t                                                                            | pe completed            | d by Mayor's Legislative   | Team:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
| SIRE Trac                   | cking Numb                                                                                     | er:                                                                             |                         | Date                       | e Entered:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |