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:	October 20, 2017
Please mark one:			X Bill Request	or	Res	olution Request	t	
1.	1. Has your agency submitted this request in the last 12 months?							
		Yes yes, please ex	X No eplain:					
2.	Title: (Include a concise, one sentence description – please include <u>name of company or contractor</u> and <u>contract control numb</u> - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)							
	Intergovernmental Agreement to provide fire protection to the City of Glendale.							
3.	Requesting Agency: Department of Safety/Denver Fire Department							
4.	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Eric Tade, Fire Chief Phone: 720-913-3424 Email: eric.tade@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: Eric Tade, Fire Chief Phone: 720-913-3424 Email: eric.tade@denvergov.org 							
6.	Genera	al description	of proposed ordina	nce includin	g contract	scope of work it	f applicable:	
			tal Agreement for the City of Glendale.	e Denver Fire	Department	to provide fire j	protection service within t	he municipal
			llowing fields: (Inco please do not leave b		may result i	n a delay in pro	cessing. If a field is not a	pplicable, please
	a.	Contract C	Control Number: F	FIRES-201103	3623-01			
	b.	Duration:	1-1-2018 through 1	2-31-2038				
	с.	Location:	City of Glendale					
	d.		ouncil District: A		.•		.•	
	e. f.	Benefits: Costs:	Enhanced fire prote Total Revenue \$68					
7.	Is there	e any contro		his ordinance	e? (Groups	or individuals w	ho may have concerns abo	out it?) Please
			To	o be completed	d by Mayor	s Legislative Te	am:	
SIF	RE Track	ing Number:				Date F	Entered:	