ORDINANCE/RESOLUTION AMENDMENT 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.

						Date of Request:	May 18, 2016	
Please mark one:		Bill Request	or	🛛 Resolut	tion Request			
1. Has your agency submitted this request in the last 12 months?								
	Series Yes	🖂 No						
	If yes, please ex	xplain:						
2.	Title: (Include a concise, one sentence <u>description</u> – 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, contract amendment, municipal code change, supplemental request, etc.)							
	Request to amend Resolution # 44, Series of 2010, subject to certain terms and conditions, to Denver Bike Sharing, their successors and assigns, to encroach into the right-of-way with bicycle docking stations at 2490 N. Broadway with an expansion of the current docking station increasing the footprint by 61 square feet for a total of 291 square feet.							
3.	. Requesting Agency: Public Works Engineering, Regulatory, and Analytics							
4.	 4. Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Chaunda Sinn Phone: 720-865-3036 Email: Chaunda.sinn@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: Angela Casias Phone: 720-913-8529 Email: Angela.Casias@denvergov.org 								
6. General description/background of proposed ordinance including contract scope of work if applicable:								
This is to amend Resolution # 44, Series of 2010, for 2490 N. Broadway, for the expansion of the current bike station. The expansion is an additional 61 square feet for a total footprint of 291 square feet.								
**Please complete the following fields: (Incomplete fields may result in a delay in processing. If a field is not applicable, please enter N/A for that field – please do not leave blank.)								
		Control Number: N/A	A .					
	b. Contract T							
	c. Location:	2490 N. Broadway ouncil District: Dis	trict #9 Alb	ua Dro alca				
	d. Affected C e. Benefits:	N/A	unci #9 Alb	US DIOOKS				
		Amount (indicate amer	ided amour	nt and new cou	ntract total):	N/A		
7.	Is there any contro explain.	versy surrounding this	s ordinance	e? (Groups or i	ndividuals who	may have concerns al	oout it?) Please	

None

Date Entered: