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:	6/7/2016
Please mark one:		Bill Request	or	☐ Resol	ution Request		
1.	Has your agency	submitted this request in	n the last 1	2 months?			
	⊠ Yes	□ No					
	If yes, please	e explain:					
2.		concise, one sentence <u>desc</u> cates the type of request: g uuest, etc.)					
		nent application 2015I-001 from B-1 and B-3 to S-MX		ne 3515 S. Tai	marac Dr., 3525 S	S. Tamarac Dr., 3535	S. Tamarac Dr., and
3.	Requesting Ager	ncy: Community Planning	and Devel	opment			
4.	Name: CurtPhone: 720-		of proposed	l ordinance/re	solution.)		
5.	will be available jName: CurtPhone: 720-				solution <u>who will</u>	present the item at M	ayor-Council and who
6.	General descript	tion/background of propo	sed ordina	ance includin	g contract scope	of work if applicabl	le:
		Map Amendment has been plans. The Denver Plannin					
		e following fields: (Incomp d – please do not leave blan		may result in	a delay in proces	sing. If a field is not	applicable, please
	a. Contrac	et Control Number: n/a					
	b. Contrac						
	c. Location	n: 3515, 3525, 3535,	and 354:	5 S. Tamara	ac Dr.		
		l Council District: 4					
	e. Benefits						
	f. Contrac	t Amount (indicate amen	ded amou	nt and new c	ontract total):	n/a	
7.	Is there any cont explain.	troversy surrounding this	ordinance	e? (Groups or	· individuals who	may have concerns a	bout it?) Please
	No.						
		To be	e complete	d by Mayor's	Legislative Team	::	

SIRE Tracking Number:

Date Entered: