

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: May 28, 2020

Please mark one: ☐ Bill Request or ☒ Resolution Request

1. Has your agency submitted this request in the last 12 months?

☐ Yes ☒ No

If yes, please explain:

2. Title: (Include a concise, one sentence description – please include name of company or contractor and contract control number - that clearly indicates the type of request: grant acceptance, contract execution, amendment, municipal code change, supplemental request, etc.)

To approve the Mayoral appointments of the following individuals to the Public Health and Environment Board:

Members: Nine

Terms: Five years

The Board serves as the local board of health for Denver. The Board's primary functions include adopting rules and regulations, reviewing requests for variances from department laws and hearing appeals of decisions of the department manager, and otherwise assisting the department in developing policies.

Jennifer Jaskolka, Arvada (F)(ME)for a term expiring December 31, 2024, appointed.

3. Requesting Agency: Mayor's Office of Boards and Commissions

4. Contact Person: (With actual knowledge of proposed ordinance/resolution.)

- **Name:** Romaine Pacheco
- **Phone:** 720.865.9085
- **Email:** romaine.pacheco@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:** Romaine Pacheco
- **Phone:** 720.849.7935
- **Email:** romaine.pacheco@denvergov.org

6. General description of proposed ordinance including contract scope of work if applicable:

*****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.)

- a. **Contract Control Number:**
- b. **Duration:**
- c. **Location:**
- d. **Affected Council District:**
- e. **Benefits:**
- f. **Costs:**

To be completed by Mayor's Legislative Team:

SIRE Tracking Number: RR20 0569

Date Entered: _____

Revised 08/16/10

7. **Is there any controversy surrounding this ordinance?** (*Groups or individuals who may have concerns about it?*) **Please explain.**

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Date Entered: _____