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	f Request: July 28, 2021
Please mark one:		k one:	☐ Bill Request	or	\boxtimes	Resolution Request	
1.	Has your agency submitted this request in the last 12 months?						
		Yes	⊠ No				
	If y	es, please	explain:				
2.	Title: (Include a concise, one sentence description – 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, amendment, municipal code change, supplemental request, etc.)						
	To approve the Mayoral reappointment to the Denver Health and Hospital Authority:						
	Patricia "Pia" Dean, Denver (F)(C)(CD6) to serve for a term expiring June 30, 2026, reappointed.						
3.	Red	questing A	gency: Mayor's Of	fice of Boar	rds 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.	Genera	l descripti	on of proposed ordinan	ce includin	ng cont	ract scope of work if applicable:	
		_	following fields: (Incom – please do not leave blo		may re	sult in a delay in processing. If a field is no	ot applicable, please
	a.	Contract	Control Number:				
	b.	Duration	:				
	c.	Location	:				
	d.	Affected	Council District:				
	e.	Benefits:					
	f.	Costs:					
7.	Is there explain		oversy surrounding thi	s ordinanc	e? (Gro	oups or individuals who may have concerns	about it?) Please
			To I	be complete	ed by M	ayor's Legislative Team:	

SIRE Tracking Number: RR21 0985

Date Entered: _____