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: September 23, 2	202
Please mark one:		☐ Bill Request	or		
1. H	as your agency su	ıbmitted this request in	the last 1	12 months?	
	☐ Yes	⊠ No			
	If yes, please ex	xplain:			
- 1	*	tes the type of request: gr		please include <u>name of company or contractor</u> and <u>contract control num</u> eptance, contract execution, amendment, municipal code change,	<u>ber</u>
T	o approve the May	oral appointment to the I	Denver He	Health and Hospital Authority:	
	homas Kim , Cente Vashington, appoin		e for a ter	erm expiring June 30, 2025 and occasioned by the resignation of Paul	
3.	Requesting Ag	ency: Mayor's Offic	ce of Boar	ards and Commissions	
4. C	Contact Person: (With actual knowledge of proposed ordinance/resolution.) Name: Romaine Pacheco Phone: 720.865.9085 Email: romaine.pacheco@denvergov.org				
	ill be available forName: RomaiPhone: 720.84	first and second reading ne Pacheco	, if necess	d ordinance/resolution <u>who will present the item at Mayor-Council and v</u> <u>ssary</u> .)	<u>vho</u>
6. G	eneral description	n of proposed ordinance	includin	ing contract scope of work if applicable:	
		pllowing fields: (Incompo please do not leave blan		ls may result in a delay in processing. If a field is not applicable, please	
	b. Duration:c. Location:	Control Number: Council District:			
	there any contro xplain.	versy surrounding this	ordinanc	nce? (Groups or individuals who may have concerns about it?) Please	
		To be	complete	ted by Mayor's Legislative Team:	
			1	• •	

SIRE Tracking Number: RR21 1225

Date Entered: _____