

**BILL NO. 819**

**ORDINANCE NO. 819**

**AN ORDINANCE WHEREBY THE ST. MARY BOARD OF ALDERMEN ESTABLISH THE POSITION OF EMERGENCY MANAGEMENT COORDINATOR.**

**WHEREAS**, the Mayor is the Emergency Management Director of the City of St. Mary, Missouri, and

**WHEREAS**, the Mayor desires to have an assistant for help with Emergency situations within the city, and

**WHEREAS**, the Mayor wishes to establish the position of Emergency Management Coordinator, and so therefore,

BE IT ORDAINED BY THE BOARD OF ALDERMEN OF THE CITY OF ST. MARY, MISSOURI, AS FOLLOWS:

SECTION 1. The Board of Aldermen hereby establishes the position of Emergency Management Coordinator of the City of St. Mary, Missouri.

SECTION 2. The Emergency Management Coordinator shall be an assistant to the Emergency Management Director of the city and be under the direction of the Mayor along with the Board of Aldermen. The Coordinator Position shall be voluntary with no monetary compensation and shall have no official powers.

SECTION 3. The position of Emergency Management Coordinator may be abolished by the Board of Aldermen at will.

Passed and approved by the Board of Aldermen of the City of St. Mary, Missouri, on this the 7<sup>th</sup> day of August, 2008.

ATTEST

*JoAnn E Donze*  
CITY CLERK JOANN E. DONZE

*Jay T. Wilson*  
MAYOR JAY T. WILSON

ALDERMEN	AYE	NAY	ABSTAIN	ABSENT
Robert Bequette	x			
Dennis Bovey	x			
Frank Gerardot	x			
Jeff Stokes	x			

I, JoAnn E. Donze, Clerk of the City of St. Mary, Missouri, do hereby certify that the foregoing ordinance was duly read and adopted by the Board of Aldermen of the City of St. Mary, Missouri at a regular meeting so convened this the 7<sup>th</sup> day of August, 2008.

*JoAnn E Donze*  
CITY CLERK JOANN E. DONZE

LETTER OF APPOINTMENT

PLEASE MAIL TO: Director  
State Emergency Management Agency  
P.O. Box 116  
Jefferson City, Missouri 65102

Please be advised that: Ms. \_\_\_\_\_/Mr. \_\_\_\_\_ has been appointed as Emergency Management Director with an effective date of \_\_\_\_\_; jurisdiction of: City of \_\_\_\_\_ or \_\_\_\_\_ County.  
(fill in only one)

(PLEASE PRINT)

Mailing address and contact information of the new EMD is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SEMA has my permission to release my email address to other State/Federal agencies:**

Yes \_\_\_\_ NO \_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Pager/Mobile phone: \_\_\_\_\_

**SEMA has my permission to release my cell phone number to other State/Federal agencies:**

Yes \_\_\_\_ NO \_\_\_\_

Printed Name of Elected Official: \_\_\_\_\_

Address of Elected Official: \_\_\_\_\_

SIGNATURE of Elected Official: \_\_\_\_\_

Presiding Commissioner (county): \_\_\_\_\_

or

Mayor (city): \_\_\_\_\_