

David L. Alvord, *Mayor*
Mark Seethaler, *Council Member*
Chuck Newton, *Council Member*
Donald J. Shelton, *Council Member*
Steve Barnes, *Council Member*
Christopher J. Rogers, *Council Member*



PH: 801.254.3742 EMAIL: info@sjc.utah.gov FAX: 801.254.3393

January 12, 2015

Brian Stoker
1917 E. Nations Way
Holladay, UT 84121

Dear Brian,

We have received your GRAMA Record Request dated January 6, 2015 as follows::

Request

- Name, Job titles, emails of all employees including Fire and Police Departments..

Reply

- The names and job titles of all City Employees are readily available from the Utah Transparency Website. www.utah.gov/transparency .
- All employees with an assigned City of South Jordan e-mail address can be e-mailed using each employee's first initial and last name with @sjc.utah.gov address. The exceptions to the rule are:

Ann Madsen	anmadsen@sjc.utah.gov
Anthony Hansen	ahansen2@sjc.utah.gov
Brandon J. Smith	bjsmith@sjc.utah.gov
Stephen "Chip" Dawson	cdawson@sjc.utah.gov
Chris Rogers	cjrogers@sjc.utah.gov
Colby Hill	cohill@sjc.utah.gov
Colton Crawford	ccrawford2@sjc.utah.gov
Curtis Evans	cuevans@sjc.utah.gov
Desirae Allen	dallen2@sjc.utah.gov
Jake Warner	jawarner@sjc.utah.gov
Jennifer Christensen	jchristensen2@sjc.utah.gov
Jillian Rasmussen	jbutterfield@sjc.utah.gov
Jordan Allen	jallen2@sjc.utah.gov
McKelle Cook	mcook2@sjc.utah.gov
Natalie Chipman	nchapman@sjc.utah.gov
Trevor Wright	twright2@sjc.utah.gov

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Notice: You have the right to appeal the denial of records to the Chief Administrative Officer (UCA 63G-2-205). A notice of appeal must be submitted within 30 days from the date of denial. Your notice of appeal must include: your name, mailing address, daytime telephone number, and explanation of what relief you are seeking. You may also include any supporting information with your notice of appeal. The notice should be sent to the South Jordan City Manager at:

South Jordan City Manager
1600 W. Towne Center Drive
South Jordan, Utah 84095

Please let me know if you have any questions,

Sincerely,

A handwritten signature in cursive script that reads "Anna M. West".

Anna M. West, CMC
City Recorder

email sent 1/6:
gary, Rob, Paul, Ryan
Teresa Cook.
Deadline 1/15/2015

CITY OF SOUTH JORDAN
GRAMA Record Request
Fax: 801-254-3393



The following form should be completely filled out and returned to the City Recorder's office. The City is allowed 10 business days in which to respond to your request. Presently, South Jordan City Charges .25¢ per page. The City may assess other fees for records compiled in a form other than that maintained. Research or Services Fee may be charged as provided by Utah Code 63G-2-203.

Requestor's Name: BRIAN STOKER
Address: 1917 E. NATIONS WAY City: HOLLADAY
State: UT Zip: 84121 Phone: 801-906-1331 Fax: _____

In accordance with the Governmental Records Access Management Act, I am seeking the following record(s) **specifically described as:**

NAMES, JOB TITLES, EMAILS OF ALL EMPLOYEES INCLUDING
FIRE & POLICE DEPARTMENTS IF POSSIBLE. PREFER TO RECEIVE
VIA EMAIL

which I believe are collected, filed and/or used by the City of South Jordan, 1600 W. Towne Center Drive, South Jordan, Utah 84095 (801) 254-3742.

I would like to view/inspect the record(s).
 I would like to receive a copy of the record(s) described above. I understand that the City charges a fee for copies of records and the copies will be provided subject to fees being paid. I authorize cost of up to \$ 20-. If costs are greater than the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs.
Signature: [Signature] Date: 1/6/15

CITY'S RESPONSE TO RECORD REQUEST - FOR OFFICE USE ONLY

APPROVED - Requestor notified on Jan. 12, 20 15
DENIED - Written denial sent on _____, 20 ____
Requestor notified that this office does not maintain record; and, if known, was also notified of name and address of agency that does maintain record on _____, 20 ____
Extension of time for extraordinary circumstances. Required notice sent _____, 20 ____
COPY FEES: \$ 0. If waived, approved by: _____

Signature: Anna M. West Date: 1-12-2015

* See attached Letter of Reply