

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Town of Apple Valley

Division, Department, or Region (if applicable)

Animal Control Shelter

Street Address

13643 Tonikan Road, Apple Valley, CA 92308

Area Code/Phone Number

760-240-7000

E-mail

Agency Contact (name and title)

Frank Robinson, Town Manager

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual DeLa Paz-Zermen Monika Other

P O Box 390 Shawnee Mission KS 66201-0390

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Animal Shelter \$ 360.00

3. Payment Information

Date and Amount of Payment (other than travel) 3/17/2009 \$ 360.00

Travel Payment Information (Round to whole dollars) Location of Travel

Date(s) of Travel \$ Transportation Expenses \$ Lodging Expenses \$ Meal Expenses \$ Other Expenses \$ Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Donation of eight scrubs and basket for use at the Animal Control Shelter.

Identify the officials for whom the payment was used:

Last Name First Name Title Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee Frank W. Robinson Town Manager 3/17/2009

Comment: (Use this space or an attachment for any additional information.)