Gift to Agency Re		AFUDIIC	Document		GIFT TO AGENCY REPOR
1. Agency Name				Date Stamp	California On
Open Space, Parks & Golf, Community Services Department					Form OU
Division, Department, o	or Region (if applicat	ble)			For Official Use Only
3201 East Bayshore Road, Palo Alto CA 94303					
Street Address					
Area Code/Phone Num	ber E-mail			Amendment (e	xplain in comment section)
650-496-5916	0-496-5916 Jeanette.Serna@CityofPaloAlto.Org		o.Org		
Agency Contact (name a	and title)			Date of Original Fi	(month. day, year)
Jeanette Serna, Coor	rdinator of Public \	Works Projects			(, , , , , , , ,
2. Donor Name and A	ddress				
Individual Rozenfel	ld Ma	arianna	Other		
Last Nan	ne	First Name			Name
1045 McGregor Way		Palo Alto		CA	
Address		City		State	e Zip Code
If "Other" is marked, describe th					
If applicable, identify the	name of each source	ce and the amount(s) s	olicited or receive	ed by the donor for t	this gift:
		¢			¢
Name		\$Amount		Name	\$Amount
	on	\$Amount		Name	Amount
3. Payment Information		2 46 2049			\$ Amount
		2 46 2049		Name 1,500.00 (Round to whole dollars	
3. Payment Information	Payment (other than	travel)2,16,2018 (month, day, yea	ar)	1,500.00	
3. Payment Information	Payment (other than	travel)2,16,2018 (month, day, yea		1,500.00	
3. Payment Information Date and Amount of Travel Payment Infor	Payment (other than mation (Round to who	travel) 2,16,2018 (month, day, yea ole dollars) Location	of Travel	1,500.00 (Round to whole dollar	<u>s)</u>
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Comment: (Use this space or an attachment for any additional information.)