

CITY OF HUGHSON DONATION ACCEPTANCE FORM

Name of Donor:			
Address:	City:	State:	Zip:
Description of donation:			
Donor estimate of current value:			
Potential immediate or initial acquis	ition or installation cost, any	on-going maintena	ince or replacement cost:
Intended use:			
Conditions of acceptance or donor of	designation:		
Remarks:			
Please Circle One: ACCE	PTED / DENIED		
Date	City Manager's Sig	nature	
Date Submitted to Council	Date Approved/Dei	nied by Council	
Date	Mayor's Signature	(if applicable)	

cc: City Council, Finance Department, City Clerk

Resolution No. 2022-17 Approved by the Hughson City Council on June 13, 2022