

DECLARATION OF DONATION **COUNCIL APPROVAL**

For County Council's approval consistent with Policy 1006 (Cash donations above \$5,000 total, annually; property donations above \$1,000 total, annually; testaming

(Cash a	ionations above \$5,000 total, annually, property aonations abo	<u>ve \$1,000</u> totat, annually,	testamentary aonations.)	
below to Salt Lak accordance with i possess on these	Foote, irrevocably give, and where the County to become permanent property of the established policies. I assign and transproperties to Salt Lake County, without sions or restrictions."	of Salt Lake Coursfer all rights, in	nty and to be add	ministered in rights that I
Description of dona Medical Canes,	tion: assisted devices. Tollater, oxygen rel	Wheel ca ate Legu	hairs, wi cipment.	alkers,
Value (estimated by	the donor): \$5,000.			
Date of transfer of t	itle and delivery: August 31, 20	123		
Other provisions or	restrictions:			
Donor Name:	Tamara J. Foote Please Print		Famana) Donor Signature	Foot
Donor Address:	Tamara J. Foote Please Print 11553 S. 1700 E. Address	Sandy	State	
Elected Official/Mayor or Designee			Date	
	creby accepts the above donation under the commakes no judgment as to the value of the Don		vithin this Declarati	on of
SALT LAKE COU	NTY COUNCIL:			
	Cha	ıir		Date

County Clerk or Deputy County Clerk

ATTEST: