



RECEIPT OF PAYMENT

Receipt Number:	20250311
Receipt Date:	April 09, 2025
Date Paid:	April 09, 2025
Full Amount:	\$915.50

Payment Details:	Payment Method	Amount Tendered	Check Number
	Credit Card	\$915.50	
Amount Tendered:	\$915.50		
Change / Overage:	\$0.00		
Contact:	MOUNTAIN POOLS & SPAS, Address: HC 66 BOX 27		

FEE DETAILS

Fee Description	Reference Number	Amount Owing	Amount Paid
Plan Review Fee	PRPO250273	\$915.50	\$915.50