

## **RECEIPT OF PAYMENT**

**Receipt Number:** 20231666

**Receipt Date:** December 12, 2023 **Date Paid:** December 12, 2023

**Full Amount:** \$1,200.00

Payment Details: Payment Method Amount Tendered Check Number

Check \$1,200.00 52171

Amount Tendered: \$1,200.00 Change / Overage: \$0.00

Contact: TWIN LANDFILL CORPORATION, Address:PO BOX 774362

## **FEE DETAILS**

Fee DescriptionReference NumberAmount OwingAmount PaidSpecial Use Permit FeePL20230104\$1,200.00\$1,200.00