



## RECEIPT OF PAYMENT

<b>Receipt Number:</b>	20240023
<b>Receipt Date:</b>	January 18, 2024
<b>Date Paid:</b>	January 18, 2024
<b>Full Amount:</b>	\$600.00

<b>Payment Details:</b>	<b>Payment Method</b>	<b>Amount Tendered</b>	<b>Check Number</b>
	Credit Card	\$600.00	
<b>Amount Tendered:</b>	\$600.00		
<b>Change / Overage:</b>	\$0.00		
<b>Contact:</b>	Reece Bolin, Address:PO Box 775966, Phone:(303) 801-8475		

### FEE DETAILS

<b>Fee Description</b>	<b>Reference Number</b>	<b>Amount Owing</b>	<b>Amount Paid</b>
Plat Review Fee	PL20230094	\$600.00	\$600.00