

RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount: Payment Details:	20241547 October 17, 2024 October 17, 2024 \$1,400.00 Payment Method	Amount Tendered	Check Number
Amount Tendered: Change / Overage: Contact:	Check \$1,400.00 \$0.00	\$1,400.00 1/1/2021, Address:PO BOX 7	3118
FEE DETAILS			
Fee Description	Reference Number	Amount Owing	Amount Paid

Replat Fee Vacation Fee **Reference Number** PL20240076 PL20240076 Amount Owing \$600.00 \$800.00

Amount Paid \$600.00 \$800.00