



## RECEIPT OF PAYMENT

<b>Receipt Number:</b>	20250054
<b>Receipt Date:</b>	January 28, 2025
<b>Date Paid:</b>	January 28, 2025
<b>Full Amount:</b>	\$900.00

<b>Payment Details:</b>	<b>Payment Method</b>	<b>Amount Tendered</b>	<b>Check Number</b>
	Credit Card	\$900.00	
<b>Amount Tendered:</b>	\$900.00		
<b>Change / Overage:</b>	\$0.00		
<b>Contact:</b>	Michael Nottingham, Address:PO Box 969, Phone:(970) 326-8513		

### FEE DETAILS

<b>Fee Description</b>	<b>Reference Number</b>	<b>Amount Owing</b>	<b>Amount Paid</b>
Conditional Use Permit Fee	PL20240063	\$900.00	\$900.00