

RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount:	20250083 February 06, 2025 February 06, 2025 \$900.00		
Payment Details:	Payment Method Credit Card	Amount Tendered \$900.00	Check Number
Amount Tendered: Change / Overage: Contact:	\$900.00 \$0.00 ROBERT MILLER, Address:1 DEFOREST DRIVE		
FEE DETAILS			
		Amount Outing	Amount Daid

Fee Description Conditional Use Permit Fee

Reference Number PL20240096 Amount Owing \$900.00

Amount Paid \$900.00