

## **RECEIPT OF PAYMENT**

**Receipt Number:** 20250145

**Receipt Date:** February 26, 2025 **Date Paid:** February 26, 2025

**Full Amount:** \$600.00

Payment Details: Payment Method Amount Tendered Check Number

Debit Card \$600.00

**Amount Tendered:** \$600.00 **Change / Overage:** \$0.00

Contact: Paula Jo Steele-Jaconetta, Address:PO BOX 465

**FEE DETAILS** 

Fee DescriptionReference NumberAmount OwingAmount PaidReplat FeePL20250018\$600.00\$600.00