



RECEIPT OF PAYMENT

Receipt Number:	20230029
Receipt Date:	January 12, 2023
Date Paid:	January 12, 2023
Full Amount:	\$600.00

Payment Details:	Payment Method	Amount Tendered	Check Number
	Check	\$600.00	006633
Amount Tendered:	\$600.00		
Change / Overage:	\$0.00		
Contact:	SNOW COUNTRY NURSERY, Address:MITCHELL CLARK, P.O. BOX 881927, Phone:(970) 846-0929		

FEE DETAILS

Fee Description	Reference Number	Amount Owing	Amount Paid
Plat Review Fee	PL20220029	\$600.00	\$600.00