

RECEIVED
05/18/2004 JUN 1 2004
DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: July 15, 2004

Water right number: 86-4034A

CITY OF LEWISTON

PO BOX 617

LEWISTON ID 83501

Telephone Number: (208)746-7948

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE:

6/8/04

SIGNATURE:

[Handwritten Signature]

Please print your name:

DON L. ROBERTS

IDWR Regional Office, 1910 Northwest Blvd, Suite 210, Coeur D' Alene, ID 83814, 2087691450