

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: 86-7201

OROFINO JOINT SCHOOL DISTRICT # 171

PO BOX 789

OROFINO ID 83544

Telephone Number: (208)476-5593

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:

7/6/04

SIGNATURE:

Al Arzen, Supt.

Please print your name:

Al Arzen

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

Jerry
Is this anything
for us?
05/18/2004
Let me know
Al.

RECEIVED

JUL 09 2004

DEPARTMENT OF
WATER RESOURCES