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Department of Water Resources
Eastern Region

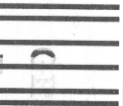
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IDAHO DEPARTMENT OF WATER RESOURCES
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DEPARTMENT OF
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**NOTICE OF ERROR
REPLY**

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:

Water right number: 25-14056

YUONNE HAMMOND

772 KINSWOOD

IDAHO FALLS ID 83404

Telephone Number: (208)524-3732

BOYD HAMMOND

772 KINSWOOD

IDAHO FALLS ID 83404

Telephone Number: (208)529-0798

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:

9/15/04

SIGNATURE:

Boyd L. Hammond MD.

Please print your name:

Boyd L. Hammond MD.

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161