

06/08/2005

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: 21-161

KEITH C SAUREY

~~PO BOX 101~~ *DECEASED*

CHESTER ID 83421

Telephone Number: (208) ~~624-7007~~ *disconnected*

M MAXINE SAUREY

PO BOX 84

CHESTER ID 83421

Telephone Number: (208) ~~624-7007~~ *208-558-7731*

4262 Meadow Cr. Rd.

Island Park, Id. 83429

(summer address)

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: 9-26-'05 SIGNATURE: M. Maxine Saurey

Please print your name: M. MAXINE SAUREY

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

RECEIVED

OCT 03 2005

STANDARD & SPOON
FALLS, ID

*KMT
10/4*