

09/13/2005

**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: 21-173

SHARON A FISHER

PO BOX 607

ST ANTHONY ID 83445

Telephone Number: (208)624-7561 h 208-624 4354

ROBERT J FISHER

PO BOX 607

ST ANTHONY ID 83445

Telephone Number: (208)624-7561 h 208 624 4354

*Phone number
updated.
KMT 10/24/05*

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

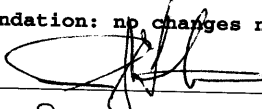
2. Describe the changes you wish to make in the proposed recommendation:

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: 10-13-05

SIGNATURE:



Please print your name:

Robert J Fisher

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

RECEIVED

OCT 24 2005

Department of Water Resources
Eastern Region

*KMT
10/24*