

12/14/2005

**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.

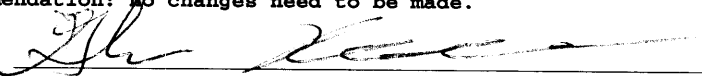
**YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:**

Water right number: 21-12874

GLEN MOON  
1564 SADORUS HILL RD  
ASHTON ID 83420  
Telephone Number: (208)652-7327

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: 12/26/05 SIGNATURE: 

Please print your name: \_\_\_\_\_

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

RECEIVED  
JAN 03 2006  
Department of Water Resources  
Eastern Region

KMO  
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