

07/16/2004

**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: 27-12012

CHERYL STONE
441 E 400 N
BLACKFOOT ID 83221

GORDON STONE
441 EAST 400 NORTH
BLACKFOOT ID 83221

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: 05/23/05

SIGNATURE:

Cheryl Stone

Gordon Stone

Please print your name:

Cheryl Stone

Gordon Stone

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

RECEIVED

JUN 17 2005

Department of Water Resources
Eastern Region

KMU 16/20