

RECEIVED

02/13/2003

FEB 27 2003

NOTICE OF ERROR
REPLY

Department of Water Resources
Eastern Region

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: April 21, 2003

Water right number: 29-4432

PHILIP JAMES KNOX MD
950 MILES RD
CHESTERFIELD ID 83217
Telephone Number: (208) 648-7175

CHRISTINE DAHL KNOX
950 MILES RD
CHESTERFIELD ID 83217
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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:

2-22-03

SIGNATURE:

Philip J. Knox

Please print your name:

Philip J. Knox

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