

02/18/2003

NOTICE OF ERROR
REPLY

Craig

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: 29-7597

CITY OF INKOM

PO BOX 386

INKOM ID 83245

Telephone Number: (208) 775-3372

RECEIVED

APR 02 2003

WATER RESOURCES
WESTERN REGION

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:

RECEIVED
APR 07 2003
Department of Water Resources
Eastern Region

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE:

3-10-03

SIGNATURE:

Sheldon Ward

Please print your name: Sheldon Ward

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