

12/17/2004

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: 1-10460

KATHY POOLE
3200 E 775 N

MENAN ID 83434

Telephone Number: (208) 754-~~2338~~ ⁴³³⁸

ROGER POOLE

3200 E 775 N

MENAN ID 83434

Telephone Number: (208) 754-~~4338~~ ⁴³³⁸

COREY POOLE

3028 E 775 N

MENAN ID 83434

Telephone Number: (208) 754-8512

phone updated

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: 11-29-06 SIGNATURE: Corey Poole
Please print your name: COREY POOLE

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

*KMT
12/04*

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

DATE: 12-01-06 SIGNATURE: *Roger W. Poole*
Please print your name: Roger Poole

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

*KMO
12/04*