

N020451

Print Claim Stub

RECEIVED

MAY - 1 2009

IDWR/North

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.
Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

*This was Please see accompanying form for contact
filed on line -* [Print This Page](#) *name, phone # address*

Claim Number: 95-9916

Claim Fee: \$52.00

Claimant(s):

SCHAEFFER ADDITIONS WATER ASSN INC
PO BOX 267
BAYVIEW, ID
83803

Claimed Purpose(s) of Use: DOMESTIC
IRRIGATION

*Changes
+ email*

[Go to View History page](#)[Logout](#)**Office address and phone number:**

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800