

NOTICE OF ERROR
REPLY

07/07/2015
RECEIVED
AUG 12 2015
DEPT. OF WATER RESOURCES

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: September 30, 2015

Water right number: 94-8506

JOHN L TRAVIS
PO BOX 438
OSBURN ID 83849
Telephone Number: (208) 556-4971

VARDA TRAVIS
PO BOX 438
OSBURN ID 83849
Telephone Number: (208) 556-4971

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

Name of Claimants

2. Describe the changes you wish to make in the proposed recommendation:

Please change "Varda Travis" to Uarda Travis

3. Give a brief explanation as to why you disagree with these portions:

- mis spelled

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

DATE: *8/11/15*

SIGNATURE: *John L Travis*

Please print your name: _____

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, (208) 762-2800