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Claim Number: 87-4043

Claim Fee: \$61.00

Claimant(s): CITY OF POTLATCH
P.O. BOX 525
POTLATCH, ID
83855

Claimed Purpose(s) of Use: MUNICIPAL

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Office address and phone number:
IDAHO DEPARTMENT OF WATER RESOURCES
7600 N MINERAL DR STE 100
COEUR D ALENE ID 83815-7763
(208) 762-2800