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Claim Number:	87-4042
Claim Fee:	\$57.00
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