

RECEIVED

Print Claim Stub

JUN 06 2019

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.

[Print This Page](#)

Claim Number:	87-10455
Claim Fee:	\$25.00
Claimant(s):	SACHA SMITH
	PO BOX 447
	POTLATCH , ID
	83855
	TAYLOR SMITH
	PO BOX 447
	POTLATCH , ID
	83855
Claimed Purpose(s) of Use:	DOMESTIC

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

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100