

04/12/2021  
**RECEIVED**  
**APR 30 2021**  
**DEPARTMENT OF**  
**WATER RESOURCES**

**NOTICE OF ERROR**  
**REPLY**

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: 6/25/2021**

Water right number: 87-10028

CHRISTIN S REISENAUER  
3240 MOUNTAIN VIEW RD  
MOSCOW ID 83843  
Telephone Number: (208) 892-3486

CLARA B REISENAUER  
3240 N MOUNTAIN VIEW RD  
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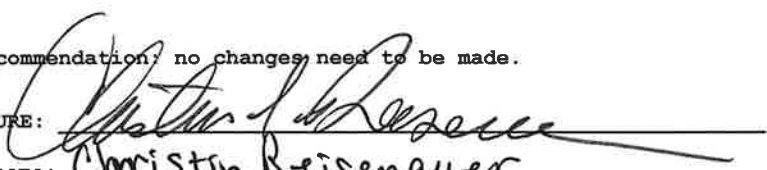
1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

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

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

X I AGREE with this proposed recommendation; no changes need to be made.

DATE: 4/26/2021

SIGNATURE: 

Please print your name: Christin Reisenauer

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800