

Idaho Department of Water Resources Receipt

Receipt ID: C088697

Payment Amount	\$50.00	Date Received	5/20/09 12:59	Region	STATE
Payment Type	Check	Check Number	63271		
Payer	CITY OF TWIN FALLS				

Comments APPLIICATION FOR AMENDMENT: 47-08389A

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$50.00	AMENDMENTS	0229	21	56105	1155



Signature Line (Department Representative)