Name _____

By _____

Address _____

Priority _____

County _____ WM# _____

Application No. G16762

Permit No. _____

Certificate No. _____

	Date	Volume	Page
DENIED			
MISFILED			
WITHDRAWN			
CANCELLED			

FEES PAID

Date	Amount	Receipt No.
12-08-06	500.00	85550
	Cert. Fee	

FEES REFUNDED

Date	Amount	Receipt No.

RELATED FILES

DEVELOPMENT Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

ASSIGNMENTS

Date	To Whom	Address

REMARKS _____

MAP LOCATION _____

Rev. 04/03

KS 12-15-2006

SMEAD 63 HSP00C