

Application No. **G-18267**

FEES PAID

Name _____
By _____
Address _____

G-18267

Rogue River Trust
419 S Oakdale Dr.
Medford, OR 97501

Permit No. _____
Certificate No. _____

Date	Amount	Receipt No.
2-12-16	1,900.00	118910
	Cert. Fee	

Date

DENIED _____

MISFILED _____

WITHDRAWN _____

CANCELLED _____

Volume | Page

FEES REFUNDED

Date	Amount	Receipt No.

Priority FEBRUARY 16, 2016

County JOSEPHINE WM# 14

RELATED FILES

ASSIGNMENTS

Date	To Whom	Address

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

REMARKS _____

MAP LOCATION _____

RS 2/10/2016