

Name _____
By _____
Address _____
Glenda Howard Trust
P.O. Box 831
Dallas, OR 97338
R-88191

Application No. R-88191 ALT
Permit No. _____
Certificate No. _____

FEES PAID

Date	Amount	Receipt No.
3.2.16	\$ 890.00	119687
	Cert. Fee	

Date

DENIED _____

MISFILED _____

Volume | Page

WITHDRAWN _____

CANCELLED _____

FEES REFUNDED

Date	Amount	Receipt No.

Priority Priority 7, 2016
County Polk WM# 16

RELATED FILES

ASSIGNMENTS

DEVELOPMENT

Date

Completion _____

Extended to _____

Final Proof received _____

Proposed Cert. Mailed _____

Date

To Whom

Address

REMARKS

MAP LOCATION

UP 7/15/2016