

## RECEIPT OF PAYMENT

Receipt Number: 202400152

**Receipt Date:** February 06, 2024 **Date Paid:** February 06, 2024

Full Amount: \$48.70

Payment Details: Payment Method Amount Tendered Check Number

Credit Card \$48.70

Amount Tendered: \$48.70 Change / Overage: \$0.00

Contact: JOHN FOX, Address: 1900 BRIDGE LN

## **FEE DETAILS**

Fee DescriptionReference NumberAmount OwingAmount PaidPlan Review Fee (Routt)SPRAD240110\$48.70\$48.70