

## RECEIPT OF PAYMENT

**Receipt Number:** 202503909

October 28, 2025 **Receipt Date:** Date Paid: October 28, 2025

**Full Amount:** \$1,650.00

**Check Number Payment Details: Payment Method Amount Tendered** 

> Credit Card \$1,650.00

**Amount Tendered:** \$1,650.00 Change / Overage: \$0.00

**Contact:** Walter Magill, Address:1769 BROME DRIVE, Phone:(970) 819-1161

## **FEE DETAILS**

**Fee Description** Reconsideration of

Condition(s) of Approval -

Public Hearing

**Reference Number Amount Owing Amount Paid** PL20250363 \$1,650.00 \$1,650.00