

TRANSMISSION VERIFICATION REPORT

TIME : 08/05/2005 10:31  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

DATE, TIME 08/05 10:31  
FAX NO./NAME 94354687  
DURATION 00:00:56  
PAGE(S) 03  
RESULT OK  
MODE STANDARD  
ECM

CITY OF SACRAMENTO  
CASHIER'S WORKSHEET

RECEIPT NUMBER: R0514437

TRANSACTION DATE: 08/05/2005

TRANSACTION AMOUNT: 188.63

NOTATION:

AFD #: 0511655

SITE ADDRESS: 3774 ROBINRIDGE WY SAC

PARCEL: 049-0480-080

TYPE: Bldg Minor Permit

SUB-TYPE: RES

HOUSING: N

STATUS: ISSUED

Mixed Income Housing

Fee Program

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TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		188.63

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			