

TRANSMISSION VERIFICATION REPORT

TIME : 08/04/2005 12:46
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 08/04 12:44
FAX NO./NAME 94568257
DURATION 00:01:39
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

**CITY OF SACRAMENTO
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0514371

TRANSACTION DATE: 08/04/2005
TRANSACTION AMOUNT: 80.65
NOTATION:

APD #: 0511652
SITE ADDRESS: 3962 E ST SAC
PARCEL: 004-0236-020

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pynt Amount
Payment	Cash		80.65

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pynt
Item #			
Current Pynt			