

TRANSMISSION VERIFICATION REPORT

TIME : 08/08/2005 10:15  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME	08/08 10:14
FAX NO./NAME	96464242
DURATION	00:01:18
PAGE(S)	03
RESULT	OK
MODE	STANDARD
	ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0514534

TRANSACTION DATE: 08/08/2005  
 TRANSACTION AMOUNT: 195.92  
 NOTATION:

APD #: **0511804**  
 SITE ADDRESS: 1550 51ST ST SAC  
 PARCEL: 008-0431-010

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

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
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Payment	Cash		195.92

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			

PAID