

TRANSMISSION VERIFICATION REPORT

TIME : 08/04/2005 08:35
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 08/04 08:34
FAX NO./NAME 96384220
DURATION 00:00:46
PAGE(S) 03
RESULT OK
MODE STANDARD
ECM

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

RECEIPT NUMBER: R0514319
TRANSACTION DATE: 08/04/2005
TRANSACTION AMOUNT: 78.95
NOTATION:

APD #: 0510216
SITE ADDRESS: 6328 39TH AV SAC
PARCEL: 027-0294-009

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

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		78.95

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Current	Pymt		