

TRANSMISSION VERIFICATION REPORT

TIME : 08/04/2005 08:54  
NAME : CITY OF SACRAMENTO  
FAX : 9168085543  
TEL : 9168085656  
SER.# : BROH4J832840

DATE, TIME 08/04 08:53  
FAX NO./NAME 96384220  
DURATION 00:01:21  
PAGE(S) 06  
RESULT OK  
MODE STANDARD  
ECM

**CITY OF SACRAMENTO  
CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0514321  
TRANSACTION DATE: 08/04/2005  
TRANSACTION AMOUNT: 81.64  
NOTATION:

APD #: 0511623  
SITE ADDRESS: 2844 NORCROSS DR SAC  
PARCEL: 262-0282-002  
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		81.64

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Current	Pymt		