

TRANSMISSION VERIFICATION REPORT

TIME : 08/08/2005 10:23  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER. # : BROH4J832840

DATE, TIME	08/08 10:21
FAX NO./NAME	99296193
DURATION	00:01:13
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0514540  
 TRANSACTION DATE: 08/08/2005  
 TRANSACTION AMOUNT: 80.89  
 NOTATION:

APD #: **0511822**  
 SITE ADDRESS: 5521 8TH AV SAC  
 PARCEL: 015-0054-023

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		80.89

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			

PAID  
 CITY OF SACRAMENTO  
 AUG 08 2005  
 NEIGHBORHOODS, PLANNING