

TRANSMISSION VERIFICATION REPORT

TIME : 08/08/2005 10:13
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 08/08 10:12
FAX NO./NAME 99789672
DURATION 00:00:51
PAGE(S) 04
RESULT OK
MODE STANDARD
ECM

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

RECEIPT NUMBER: R0514535
TRANSACTION DATE: 08/08/2005
TRANSACTION AMOUNT: 194.00
NOTATION:

APD #: 0511811
SITE ADDRESS: 2736 X ST SAC
PARCEL: 010-0241-009
TYPE: Bldg Minor Permit
SUB-TYPE: COM
HOUSING: N
STATUS: ISSUED

Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		194.00

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Item #			
Current Pymt			