This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED	PROJECT NAME	PROJECT ID
HARRISON, WILLIAM V.	MONOCLINIC #1/TRIANGLE	S370085

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/28/2000	$ 100	$ 100

TAX ID OR SOCIAL SECURITY #

[redacted]

☐ FEE NOT ENCLOSED

Permittee requests an inspection to close out this permit.

Change of Address

Contact

Address

State Zip

Phone

RECEIVED
JUL 17 2000
DIVISION OF
OIL, GAS AND MINING

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:

Division of Oil, Gas and Mining