

CITY OF PUYALLUP **Development & Permitting Services** 333 S. Meridian, Puyallup, WA 98371 (253) 864-4165 www.cityofpuyallup.org

RECEIPT OF PAYMENT

Receipt Number: Receipt Date: Date Paid: Full Amount:	2024001703 August 16, 2024 August 16, 2024 \$1,706.35			
Payment Details:	Payment Method Check	Amount Tendered \$1,706.35	Check Number 108453	
Amount Tendered: Change / Overage: Contact:	\$1,706.35 \$0.00 C/O MULTICARE HEALTH SYSTEM, Address: PO BOX 5299, Phone: (253) 377-5318			
FEE DETAILS				

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Reference Number	Amount Owing	Amount Paid
PRCTI20240804	\$265.00	\$265.00
PRCTI20240804	\$1,363.35	\$1,363.35
PRCTI20240804	\$13.00	\$13.00
PRCTI20240804	\$40.00	\$40.00
PRCTI20240804	\$25.00	\$25.00
	PRCTI20240804 PRCTI20240804 PRCTI20240804 PRCTI20240804	PRCTI20240804\$265.00PRCTI20240804\$1,363.35PRCTI20240804\$13.00PRCTI20240804\$40.00