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

RECEIPT OF PAYMENT

Receipt Number:	2024002564
Receipt Date:	December 11, 2024
Date Paid:	December 11, 2024
Full Amount:	$436.64

Payment Details:	**Payment Method**	**Amount Tendered**	**Check Number**
	Check	$436.64	118597

Amount Tendered:	**$436.64**
Change / Overage:	$0.00
Contact:	C/O MULTICARE HEALTH SYSTEM, Address:PO BOX 5299, Phone:(253) 377-5318

FEE DETAILS

Fee Description	**Reference Number**	**Amount Owing**	**Amount Paid**
Building Plan Review Fee	PRCTI20241789	$436.64	$436.64