



LEE'S SUMMIT
MISSOURI

RECEIPT OF PAYMENT

Receipt Number:	2025102733
Receipt Date:	12/03/2025
Date Paid:	12/03/2025
Payment Method:	Credit Card,
Check Number:	,
Transaction Information:	
Full Amount:	\$521.30
Amount Tendered	\$521.30
Paid By:	Michael clauder, Address:1905 NE Catalina Ave, Phone:(816) 721-2596

Fees:

Fee Description	Reference / Application Number	Amount Paid
Valuation Fee for Add/Alter Single Family	PRRES20255269	\$271.30
Parks Impact Fee Residential Zone 1	PRRES20255269	\$250.00