

220 SE Green Street | Lee's Summit, MO 64063 | P: 816.969.1000 | cityofls.net

## **RECEIPT OF PAYMENT**

Receipt Number:	2017025159
Receipt Date:	04/12/2017
Date Paid:	04/12/2017
Payment Method:	Check,
Check Number:	5888,
Full Amount:	\$600.00
Amount Tendered	\$600.00
Paid By:	SUMMIT EYE CENTER LLC, Address:1741 NE DOUGLAS ST, Unit 100, Phone:(816) 246-2111

## Fees:

Fee Description	Reference / Application Number	Amount Paid
9110077-Final Development Plan fee	PL2017078	\$600.00