

# RECEIPT



## BOARD OF ZONING ADJUSTMENT FILING FEE RECEIPT

**Case No:** 20121

Bridges 2 Psychological Services and Consultation, LLC

**Date:** 7/30/2019

**Amount:** \$1040.00

**Check No.:** 1464

**First Name:**

**Last Name:**

**Organization:** Bridges 2 Psychological Services & Consul.

**Notes:**