

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: **Western Region**
 SUBJ: Receipt No. **C069323/W030564** (Please attach ARQ2 immediately behind blue form)

RECEIVED
 Date: 6/13/2003
JUN 16 2003

Department of Water Resources

RE: PayOR **City of Boise**
 Address **PO Box 500**
Boise ID 83701

Claimant(s) if NOT Payor _____
 Refund Amount \$ **170-** Claim Location **(Region)** Claimant
 Extension Filed? Y/N **NA** Copy Attached? Y/N **NA**
 Late Fees Paid? Y/N **NA** Late Fee Receipt # _____
 S.O. Verified Ext. by _____ on _____ D.B. Query by _____
 Refund Generated By **(X)** Agent **()** Claimant

Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

** Over paid*

Date of Last Correspondence (copy attached) _____

<u>Claim No.</u>	<u>Use*</u>	<u>Fees Paid</u>	<u>Correct Fee</u>	<u>Rec't #</u>
See attached list	Domestic/ Mun.	\$ 1050-	\$880-	C069323 & W030564
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		\$ _____	\$ _____	

***Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.**

Detailed Reason(s) for Refund Attached Y/N

Over paid for claims.

Region AJ Spvsr. Approval *[Signature]* S.O. AJ Spvsr. Approval _____
 Don Shaff Approval _____ Hold _____ To Fiscal _____
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____

Refund Request Attachment

City of Boise Dept of Aviation & Public Transportation

30 Domestic Claims @ \$25 each = \$750 63-31692 through 63-31721

1 Municipal Claim @ \$50 for .12 cfs = \$62 63-31722

1 Municipal Claim @ \$50 for .18 cfs = \$68 63-5354

Total filing fees: \$880

Total fees received: \$1050

Refund amount: \$170