

# 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>               |
|--------------------------|-----------------------|------------------|--------------------|------------------------------|
| <b>See attached list</b> | <b>Domestic/ Mun.</b> | <b>\$ 1050-</b>  | <b>\$880-</b>      | <b>C069323 &amp; W030564</b> |
| _____                    | _____                 | \$ _____         | _____              | _____                        |
| _____                    | _____                 | \$ _____         | _____              | _____                        |
| _____                    | _____                 | \$ _____         | _____              | _____                        |
| 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 *JS* 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