

RECEIVED

OCT 21 2003

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region Date: 10-15-03
 SUBJ: Receipt No. W031029 (Please attach ARQ2 Receipt copy immediately behind blue form)

Department of Water Resources

RE: PayOR Little, W. Robert & Mary K.
 Address 6405 Little Lane
New Plymouth ID 83655-5432

Claimant(s) if NOT Payor _____
 Refund Amount \$25⁰⁰ 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 ☒ Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>AL7-11763</u>	<u>Irrig.</u>	<u>\$25.00</u>	<u>0</u>	<u>W031029</u>
<u>AL7-11764</u>	<u>D&S</u>	<u>\$25.00</u>	<u>25.00</u>	<u>"</u>
<u>AL7-11765</u>	<u>D&S</u>	<u>\$25.00</u>	<u>25.00</u>	<u>"</u>
<u>AL7-11766</u>	<u>D&S</u>	<u>\$25.00</u>	<u>25.00</u>	<u>"</u>
		<u>\$</u>		
Total		<u>\$100.00</u>	<u>\$75.00</u>	

*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
Ownership change fees paid. No fee required on
AL7-11763.

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 _____
 Logged _____