

REFUND REQUEST

TO: S. Sherman to Log In
FOR: D. Shaff/D. Allen
FROM: S. Sherman Date: 9-29-04
SUBJ: Receipt No. C075266 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR ~~Robt~~ Robert & Evangelina Mayfield
Address RT HC 67 Box 2050
Challis ID 83226

Claimant(s) if NOT Payor

Refund Amount \$25.00 Claim Location (Region/Claimant) State office

Extension Filed? Y/N NA Copy Attached? Y/N NA

Late Fees Paid? Y/N NA Late Fee Receipt # C075266

S.O. Verified Ext. by n/a on n/a D.B. Query by n/a

Refund Generated By (☒) Agent () Claimant

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insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) n/a

<u>Claim No.</u>	<u>Use*</u>	<u>Fees Paid</u>	<u>Correct Fee</u>	<u>Rec't #</u>
<u>72-11756</u>	<u>43</u>	<u>\$ 25.-</u>	<u>0</u>	<u>C075266</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
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 ()
Attorney also pd. fees.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval
Don Shaff Approval [Signature] Hold To Fiscal 9-30-04
Logged 9-29-04
Data Base Modified? Y/N NA A &/or R Records By on