RECEIVED
APR 24 2003
Department of Water Resources

REFUND REQUEST

TO: S. Sherman to Log In
FOR: D. Shaff/D. Allen
FROM: Western Region Date: 4/22/2003
SUBJ: Receipt No. C068683 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Kim Giannecchini
Address 2491 W Homer Rd
Eagle ID 83616

Claimant(s) if NOT Payor David Franzen **
Refund Amount $ 25- 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insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) ____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
		$		
63-9643	Dom. / Irrig.	$ 25-	0	C068683
		$		
		$		
		$		
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

No fee required for ownership change. Still pending in SRBA.

**Ownership change from Franzen to Giannecchini & Coleman.submitted 4/22/03).

Region AJ Spvsr. Approval ____ S.O. AJ Spvsr. Approval ____
Don Shaff Approval ____ Hold ____ To Fiscal ____
Logged ____
Data Base Modified? Y/N NA A &/or R Records By____ on____

05/19/94