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OCT - 4 2002
Department of Water Resources

REFUND REQUEST

TO: S. Sherman to Log In
FOR: D. Shaff/D. Allen
FROM: **Western Region** Date: **10/2/2002**
SUBJ: Receipt No. **W029752** (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR **Moffatt Thomas Barrett Rock & Fields**
Address **US Bank Plaza Building**
101 S Capitol Blvd 10th Floor
PO Box 829 Boise ID 83701-0829

Claimant(s) if NOT Payor **Little Valley Mutual Irrigation Co**

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insufficient fees / claim incomplete / withdrawn / (o-pmt)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 #
		$		
02-7068	**Irrigation**	$ **25-**	**0**	**W029752**
		$		
		$		
		$		
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 Security Interest processing. Still pending in SRBA.

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