

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 1-27-05
 SUBJ: Receipt No. C075178 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR William + Suzette Butts
 Address 40 Dennis + Tina Muchow
HC 11 Box 590
Kamiah ID 83536-9418

Claimant(s) if NOT Payor Dennis + Tina Muchow

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

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

Late Fees Paid? Y/N NA Late Fee Receipt # C075178

S.O. Verified Ext. by — on — D.B. Query by —

Refund Generated By () Agent () Claimant (v) S. Sherman

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 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) N/A

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>84-12128</u>	<u>43</u>	<u>\$25.00</u>	<u>0</u>	<u>C075178</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)
No fee for o-change.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 Don Shaff Approval 1-26-05 Hold — To Fiscal 1-26-05

Data Base Modified? Y/N NA A &/or R Records By — on —