

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 2-3-05
 SUBJ: Receipt No. C076279 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Colin/Dobbie Crea
 Address Rt 1 Box 129m
Greencreek ID 83533

Claimant(s) if NOT Payor —

Refund Amount \$ 25.- Claim Location (Region/Claimant) S.O.

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

Late Fees Paid? Y/N NA Late Fee Receipt # C076279

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

Refund Generated By () Agent () Claimant (✓) Selly

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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>85-4365</u>	<u>01, 43</u>	<u>\$ 25.-</u>	<u>0</u>	<u>C076279</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 (N)
no charge for o/change.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval — CA
 Don Shaff Approval — Hold — To Fiscal 2-4-05
 Logged 2-4-05
 Data Base Modified? Y/N NA A &/or R Records By — on —