

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 3-31-05
 SUBJ: Receipt No. C077288 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Patrick G. Fitzgerald
 Address P.O. Box 1686
Orofino ID 83544

Claimant(s) if NOT Payor —

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 # C077288

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

Refund Generated By () Agent () Claimant (Sal)

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 insufficient fees / claim incomplete / withdrawn (o-pmt)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>85-7240</u>	<u>01</u>	<u>\$25.00</u>	<u>0</u>	<u>C077288</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 owner change.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval — 3-31-05
 Don Shaff Approval — Hold — To Fiscal 4-1-05
 Logged 3-31-05
 Data Base Modified? Y/N NA A &/or R Records By — on —