

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: S. Sherman Date: 3-3-06
 SUBJ: Receipt No. C080379 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Hugo + Mary Goedhart
 Address 610 N. 200 E.
Jerome ID 83338

Claimant(s) if NOT Payor —
 Refund Amount \$25.- Claim Location (Region/Claimant) State
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C080379
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (✓) Bureau Chief
 Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)
 Date of Last Correspondence (copy attached) 3-3-06

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>36-16385</u>	<u>04</u>	<u>\$50.-</u>	<u>25.-</u>	<u>C080379</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)

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 Don Shaff Approval 4703.06 Hold — To Fiscal 3-3-06
 Logged 3-3-06
 Data Base Modified? Y/N (NA) A &/or R Records By — on —