

RECEIVED

REFUND REQUEST

APR 12 2006

TO: S. Sherman to Log In
 FOR: ~~D. Shaff~~/D. Allen Carter Fritschle
 FROM: Liberty Gagnon Date: 4-10-06
 SUBJ: Receipt No. W034028 (Please attach ARQ2 Receipt copy immediately behind blue form)

DEPARTMENT OF
WATER RESOURCES

RE: PayOR Kastera Homes
 Address 372 South Eagle Rd. Suite 375
Eagle ID 83616

Claimant(s) if NOT Payor DBSI, Snake River 94, LLC

Refund Amount \$ 50 Claim Location (Region/Claimant)

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

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

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

Refund Generated By ☒ Agent () Claimant

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insufficient fees / claim incomplete / withdrawn (o-pmt)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>02-2432A</u>		\$ <u>25</u>	<u>0</u>	<u>W034028</u>
<u>02-2741S</u>		\$ <u>25</u>	<u>0</u>	<u>W034028</u>
		\$		
		\$		
		\$		
Total		\$ <u>50</u>	\$ <u>0</u>	

*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

SRBA claims no fee required for change in ownership

Region AJ Spvsr. Approval CF

Don Shaff Approval CF

S.O. AJ Spvsr. Approval _____

Hold _____

To Fiscal

Logged

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

4-13-06 no

4-12-06 - no