

REFUND REQUEST

RECEIVED

SEP 27 2006

TO: S. Sherman to Log In
 FOR: ~~D. SHAFF~~/D. Allen **CARTER FRITSCHLE** DEPARTMENT OF WATER RESOURCES
 FROM: Liberty Gagnon Date: 9-25-06
 SUBJ: Receipt No. W034724 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Max Hadley
 Address P.O. Box 44784
Boise, ID 83711

Claimant(s) if NOT Payor _____

Refund Amount \$ 25 Claim Location (Region) Claimant _____

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

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

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insufficient fees / claim incomplete / withdrawn / o-pmt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) _____

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>63-30819</u>	_____	\$ <u>25</u>	<u>0</u>	<u>W034724</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

paid for ownership change - no fee required

Region AJ Spvsr. Approval [Signature]

Don Shaff Approval [Signature]

Carter Fritschle

S.O. AJ Spvsr. Approval _____

Hold _____

To Fiscal 10-6-06

Logged 7-28-06

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