

REFUND REQUEST

TO: ^{Don Shafer} S. Sherman to Log In
 FOR: ~~C. Fritschle/D. Allen~~
 FROM: S. Sherman Date: 11-17-06
 SUBJ: Receipt No. B000003 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Lucille H. Jenkins
 Address Po Box 215
Freedom WY 83120

Claimant(s) if NOT Payor Theras & Lucille Jenkins Fam. Rev. Trust
 Refund Amount \$ 154.- Claim Location (Region/Claimant)
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # B000003
 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 insufficient fees / claim incomplete (withdrawn) o-pmt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 Paid	Correct Fee	Rec't #
<u>24-10712</u>	<u>ol, of</u>	<u>\$154.-</u>	<u>154.-</u>	<u>B000003</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$154.-</u>	<u>\$154.-</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)

Region AJ Spvrs. Approval [Signature] S.O. AJ Spvrs. Approval —
~~C. Fritschle~~ Approval [Signature] Hold — To Fiscal 11-20-06
^{D. Sheff} Data Base Modified? Y/N NA A &/or R Records By [Signature] on 11-23-06