

REFUND REQUEST

TO: D. Staff S. Sherman to Log In
 FOR: G. Fritschle/D. Allen
 FROM: S. Sherman Date: 1-26-07
 SUBJ: Receipt No. W032164 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Jan L. Warnshuis Living Trust
 Address 2328 Rebecca Ct.
Rocklin CA 95677

Claimant(s) if NOT Payor —
 Refund Amount \$25.- Claim Location (Region/Claimant) (C) S. Dean
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # W032164
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (C) S. Dean
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>3-10254</u>	<u>81</u>	<u>\$ 25.-</u>	<u>25.-</u>	<u>W032164</u>
		\$		
		\$		
		\$		
		\$		
		\$		
Total		<u>\$25.-</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)

claim still pending B4 Curt. & Fee due.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 G. Fritschle Approval D. Staff Hold — To Fiscal 1-31-07
 Data Base Modified? Y/N (NA) A &/or R Records By — on 31