

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 3-16-01
 SUBJ: Receipt No. C083179 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Ginny Ponte
 Address 3772 Toms Cabin Rd.
Emmett ID 83617

Claimant(s) if NOT Payor —
 Refund Amount \$ 25.— Claim Location (Region/Claimant) S.O.
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C083179
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (v) Sal
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) —

Claim No.	Use*	Fees	Correct	Rec't #
		Paid	Fee	
<u>07-7364A</u>	<u>04</u>	<u>\$25.—</u>	<u>0</u>	<u>C083179</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)

w/R Still B4 Court. No fee due.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 4-4-01
 Logged 3-16-01
 Data Base Modified? Y/N (NA) A &/or R Records By — on —