

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 5-16-07
 SUBJ: Receipt No. C083913 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Richard Cawyer & Janice Vick Cawyer
 Address 2894 Salubria Rd.
Cambridge MA 03690

Claimant(s) if NOT Payor _____
 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 # C083913
 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 insufficient fees / claim incomplete / withdrawn (o-pmt)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) 4/0

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>07-14822</u>	<u>43</u>	<u>\$50.-</u>	<u>0</u>	<u>C083913</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 ()
No late fee for domestic use.

Region AJ Spvsr. Approval CS S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval C. Fritschle Hold _____ To Fiscal 5-17-07
 Logged 5-16-07
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____