

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: ~~D. Shaff~~/D. Allen
 FROM: Western Region Date: 5-29-07
 SUBJ: Receipt No. W035432 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Roundtree, Ben/Melissa
 Address 2264 Jonathan Ave
Fruitvale ID 83612

Claimant(s) if NOT Payor _____

Refund Amount \$ 25⁰⁰ 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 (X) 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insufficient fees / claim incomplete / withdrawn / o-pmt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>67-66B</u>	<u>Domestic</u>	<u>\$50⁰⁰</u>	<u>\$25⁰⁰</u>	<u>W035432</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$50⁰⁰</u>	<u>\$25⁰⁰</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

Overpayment of ownership change fees. Fee required on one of the rights being changed.

Region AJ Spvsr. Approval [Signature]

S.O. AJ Spvsr. Approval _____

~~Don Shaff~~ Approval [Signature]

Hold _____ To Fiscal 5-31-07

Carter Fritschle

Logged 5-31-07

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