

REFUND REQUEST

TO: *Don Shaff* S. Sherman to Log In
 FOR: ~~C. Fritschle~~/D. Allen
 FROM: *S. Sherman* Date: 6-4-07
 SUBJ: Receipt No. Co 84036 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Charles or Myriam Mua Lem
 Address 76 Aldous Dr.
Salmon ID 83461

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 # Co 84036

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insufficient fees / claim incomplete / withdrawn (o-pmt)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	Correct	Rec't #
		Paid	Fee	
<u>75-19099</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>Co 84036</u>
<u>75-14102</u>	<u>01</u>	<u>\$25.-</u>	<u>0</u>	<u>✓</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 fee due. Not decreed yet.

Region AJ Spvsr. Approval —

S.O. AJ Spvsr. Approval —

~~C. Fritschle~~ Approval *D. Shaff* 6-04-07

Hold — To Fiscal 6-4-07

Data Base Modified? Y/N NA A &/or R Records By — on —