

RECEIVED

JUN 27 2007

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region Date: 6-28-07
 SUBJ: Receipt No. W035543 (Please attach ARQ2 Receipt copy immediately behind blue form)

DEPARTMENT OF
WATER RESOURCES

RE: PayOR Freedom, M.C Inc. / Freedom, Mike C
 Address PO Box 616
MC Call ID 83638

Claimant(s) if NOT Payor _____

Refund Amount \$10⁰⁰ 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 (☒) 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insufficient fees / claim incomplete / withdrawn o-pmt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>65-3201A</u>		<u>\$35.00</u>	<u>25.00</u>	<u>W035543</u>
		\$		
		\$		
		\$		
		\$		
Total		<u>\$35.00</u>	<u>\$25.00</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 fee.

Region AJ Spvsr. Approval [Signature]

S.O. AJ Spvsr. Approval _____

Don Shaff Approval [Signature]

Hold _____

To Fiscal 6-28-07

Data Base Modified? Y/N NA

A &/or R Records By _____ on _____

Logged 6-27-07