

RECEIVED

JUL 27 2007

DEPARTMENT OF
WATER RESOURCES

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Date: 7-23-07
 SUBJ: Receipt No. _____ (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR R. H. Company
 Address 1150 N. San Francisco St
Flagstaff AZ 86001

Claimant(s) if NOT Payor Stephen & Stanley Ritland
 Refund Amount \$ 75⁰⁰ 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>77-4174</u>		<u>\$25⁰⁰</u>	<u>0</u>	<u>W034287</u>
<u>77-4175</u>		<u>\$25⁰⁰</u>	<u>0</u>	
<u>77-10104</u>		<u>\$25⁰⁰</u>	<u>0</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

Ownership change fees not required, partial decrees not issued.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval 8-3-07
 Don Shaff Approval 8-01-07 Hold _____ To Fiscal 8-2-07
 Logged 8-2-07
 Data Base Modified? Y/N (NA) A &/or R Records By _____ on _____