

2 RECEIVED

REFUND REQUEST

OCT 09 2007

DEPARTMENT OF
WATER RESOURCES

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Date: 10-4-07
 SUBJ: Receipt No. C085005 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Sara Patterson & Mike McMillan
 Address 6237 W. Echanove Dr. (Echanove Dr.)
Boise ID 83714

Claimant(s) if NOT Payor _____

Refund Amount \$50⁰⁰ 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insufficient fees / claim incomplete / withdrawn (o-pmt)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>63-32707</u>	<u>Irrig.</u>	<u>\$25⁰⁰</u>	<u>0</u>	<u>C085005</u>
<u>63-32711</u>	<u>Irrig.</u>	<u>\$25⁰⁰</u>	<u>0</u>	<u>"</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$50⁰⁰</u>	<u>\$0</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

Ownership change, fees not required, not yet decreed.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
 Don Shaff Approval [Signature] Hold _____ To Fiscal 10-10-07
 Logged 10-9-07
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____