

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 2-4-08
 SUBJ: Receipt No. C085821 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Glen Lovelace
 Address 2774 E. Migratory
Boise ID 83706

Claimant(s) if NOT Payor —
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (state ofc)
 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 insufficient fees / claim incomplete / withdrawn (o-pmt)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>67-81D</u>	<u>81</u>	\$ <u>8</u>	<u>8</u>	<u>C085821</u>
<u>67-20533</u>	<u>81</u>	\$ <u>8</u>	<u>8</u>	<u>"</u>
<u>67-16127</u>	<u>43,04</u>	\$ <u>25.-</u>	<u>8</u>	<u>"</u>
<u>—</u>	<u>—</u>	\$ <u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	\$ <u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	\$ <u>—</u>	<u>—</u>	<u>—</u>
Total		\$ <u>25.-</u>	\$ <u>8</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 (N)
dece already in their name.
my error.
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Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval LS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 2-5-08
 Logged 2-4-08
 Data Base Modified? Y/N (NA) A &/or R Records By — on —