

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-23-08
 SUBJ: Receipt No. C087303 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR John S. or Julie Ann Waltz
 Address 5105 Quarterpath
Boise ID 83716

Claimant(s) if NOT Payor —
 Refund Amount \$ 75. — Claim Location (Region/Claimant) (state)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C087303
 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 insufficient fees / claim incomplete / withdrawn (o-pmt)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>03-33021</u>	<u>43</u>	<u>\$100. —</u>	<u>25. —</u>	<u>C087303</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>	<u>—</u>	<u>\$ —</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$ —</u>	<u>—</u>	<u>—</u>
Total		<u>\$100. —</u>	<u>\$25. —</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)

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval 19
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 7-23-08
 Data Base Modified? Y/N (NA) A &/or R Records By — on 7-23-08