

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-23-08
 SUBJ: Receipt No. C087307 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Edward & Doreen Shin
 Address 671 Sampson Rd.
Toppenish WA 98948

Claimant(s) if NOT Payor —

Refund Amount \$ 75.00 Claim Location (Region/Claimant)

Extension Filed? Y/N NA Copy Attached? Y/N NA

Late Fees Paid? Y/N NA Late Fee Receipt # C087307

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 insufficient fees / claim incomplete / withdrawn / o-pmt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) Ø

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>83-11967</u>	<u>43</u>	<u>\$100.00</u>	<u>25.00</u>	<u>C087307</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$100.00</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)

lower filing fees

Region AJ Spvsr. Approval —

C. Fritschle Approval C. Fritschle

S.O. AJ Spvsr. Approval CS

Hold — To Fiscal 7-23-08

Logged 7-23-08

Data Base Modified? Y/N (☒NA) A &/or R Records By — on —