

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-24-08
 SUBJ: Receipt No. C087309 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Charles H. or Edna Lee Terry
 Address P O Box 80963
Rancho Santa Margarita CA
92688-0963

Claimant(s) if NOT Payor _____
 Refund Amount \$ 100.- Claim Location (Region/Claimant) (State)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # C087309
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>75-14510</u>	<u>01 04</u>	<u>\$265</u>	<u>165</u>	<u>C087309</u>
<u>75-14511</u>	<u>01 04</u>	<u>\$100</u>	<u>100</u>	<u>✓</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total		<u>\$365 -</u>	<u>\$265.-</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

see Craig's email.

Region AJ Spvsr. Approval ✓ S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 7-25-08
 Data Base Modified? Y/N (NA) A &/or R Records By — on 7-24-08