

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-24-08
 SUBJ: Receipt No. C087306 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR Maurice L. Heir Jr. or Ellen A. Heier
 Address 1690 Cedar Ridge Rd.
Kendrick ID 83537

Claimant(s) if NOT Payor —
 Refund Amount \$75.00 Claim Location (Region/Claimant)(state) —
 Extension Filed? Y/N NA Copy Attached? Y/N NA
 Late Fees Paid? Y/N NA Late Fee Receipt # C087306
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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) email

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>86-11782</u>	<u>04, 43</u>	<u>\$100.00</u>	<u>25.00</u>	<u>C087306</u>
		\$		
		\$		
		\$		
		\$		
Total		\$	\$	

*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 Chair 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