

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 7-23-08
 SUBJ: Receipt No. C087302 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR City of Grangeville
 Address 225 W. North St.
Grangeville ID 83530

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 # C087302
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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		Correct Fee	Rec't #
		Paid			
<u>79-4285</u>	<u>01</u>	\$ <u>200. —</u>		<u>100. —</u>	<u>C087302</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 gp
see Crais email

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval 63
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 7-25-08 no
 Logged 7-23-08
 Data Base Modified? Y/N NA A &/or R Records By — on —