

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 8-27-08
 SUBJ: Receipt No. 087437 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Steve & Loraine Spencer
 Address 4555 Frozen Dog Rd.
Emmett ID 83617

Claimant(s) if NOT Payor —
 Refund Amount \$ 25.- Claim Location (Region/Claimant) (S.O.)
 Extension Filed? Y/N (NA) Copy Attached? Y/N (NA)
 Late Fees Paid? Y/N (NA) Late Fee Receipt # 087437
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant (✓) Sal
 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 insufficient fees / claim incomplete / withdrawn / (o-pmt)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>65-~~05~~-23288</u>	<u>43</u>	<u>\$50.-</u>	<u>25.-</u>	<u>087437</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$50.-</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
hearing 8-19-08 - after 6-30-08 - old fees apply.
see Craig's email attached.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 8-28-08
 Logged 8-27-08
 Data Base Modified? Y/N (NA) A &/or R Records By — on —