

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 1-26-09
 SUBJ: Receipt No. C087927 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Nancy Roe Conway
 Address 16133 High Valley Pl.
Encino CA 91436

Claimant(s) if NOT Payor —

Refund Amount \$ 39. — Claim Location (Region/Claimant)

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

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

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 insufficient fees / claim incomplete / withdrawn (☒ o-pmt)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>75-2065</u>	<u>01</u>	<u>\$152.</u>	<u>150.</u>	<u>C087927</u>
<u>75-2105</u>	<u>01</u>	<u>\$152.</u>	<u>115.</u>	<u>C087927</u>
<u>—</u>	<u>—</u>	<u>\$—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>—</u>	<u>\$—</u>	<u>—</u>	<u>—</u>
Total		<u>\$304. —</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 1-26-09
 Data Base Modified? Y/N (☒ NA) A &/or R Records By — on 1-26-09