

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 2-24-09
 SUBJ: Receipt No. see below (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR A. M. Heltsey
 Address P.O. Box 93
Idaho City ID 83631

Claimant(s) if NOT Payor —
 Refund Amount \$ 110.— Claim Location (Region/Claimant) (S. d.)
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>75-14531</u>	<u>01, 04, 43</u>	<u>\$167.—</u>	<u>107.—</u>	<u>C088048</u>
<u>75-14532</u>	<u>43</u>	<u>\$ 75</u>	<u>25.—</u>	<u>C088049</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>\$242.—</u>	<u>\$132.—</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 2 emails.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval CS
 C. Fritschle Approval — Hold — To Fiscal 2-26-09
 Logged 2-24-09
 Data Base Modified? Y/N NA A &/or R Records By — on —