

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 6-23-09
 SUBJ: Receipt No. 608861 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR John Aor Paula M Kanaley
 Address 152 E. Clear Creek Dr.
Meridian ID 83646

Claimant(s) if NOT Payor —
 Refund Amount \$ 103.- 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 # —
 S.O. Verified Ext. by — on — D.B. Query by —
 Refund Generated By () Agent () Claimant () S.O.
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) 3-19-09

Claim No.	Use*	Fees		Rec't #
		Paid	Correct Fee	
<u>63-9987</u>	<u>#1</u>	<u>\$ 206.</u>	<u>103.</u>	<u>608861</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)
They used old fee schedule.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval LS
 G. Fritschle Approval 6/23/09 Hold — To Fiscal 6-24-09
D. Shafer Logged 6-23-09
 Data Base Modified? Y/N NA A &/or R Records By — on —