

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 8-28-09
 SUBJ: Receipt No. N019760 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Katherine L. Williams
 Address 24117 E. 1st Ave.
Liberty Lake WA 99019-9618

Claimant(s) if NOT Payor -
 Refund Amount \$25.- Claim Location (Region/Claimant) (N)
 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 (N) Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn No-pmt

Date of Last Correspondence (copy attached) n/a

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>95-93</u>	<u>43</u>	<u>\$25.-</u>	<u>0</u>	<u>N019760</u>
		\$		
		\$		
		\$		
		\$		
Total		<u>\$25.-</u>	<u>\$0</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)

Basis is Decreed. No fees due.
claim matched 3-23-1973 Decree

Region AJ Spvsr. Approval - S.O. AJ Spvsr. Approval -
 C. Fritschle Approval C. Fritschle Hold - To Fiscal 9-1-09
 Logged 8-28-09
 Data Base Modified? Y/N NA A &/or R Records By - on 31