

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 9-2-09
 SUBJ: Receipt No. NO19933 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Melvin E Jacqueline Schmidt
 Address 11555 Hughes Dr.
Hayden ID 83835

Claimant(s) if NOT Payor —
 Refund Amount \$ 25.- 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 (✓) Sal
 Refund Category:
 insufficient fees / claim incomplete / withdrawn (o-pmt)

Date of Last Correspondence (copy attached) n/a

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>95-330</u>	<u>43</u>	<u>\$25</u>	<u>0</u>	<u>NO19933</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(N)

Basis Decreed - no fees due.

Claim matches Decree.

Region AJ Spvsr. Approval — S.O. AJ Spvsr. Approval —
 C. Fritschle Approval C. Fritschle Hold — To Fiscal 9-2-09
 Data Base Modified? Y/N (NA) A &/or R Records By — on —
 Logged 9-2-09