

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 9-2-09
 SUBJ: Receipt No. NO20242 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Anthony & Jeanne Venturino
 Address 8240 E. Sandbar Ln.
Hayden Lake 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 # NA
 S.O. Verified Ext. by on D.B. Query by
 Refund Generated By () Agent () Claimant (✓) Sul
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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>95-374</u>	<u>43</u>	<u>\$25.-</u>	<u>0</u>	<u>NO20242</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. clm matches decree.
0 fees due

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 9-2-09