

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: Sally Sherman Date: 9/4/09
 SUBJ: Receipt No. N020700 (Please attach ARQ2 Receipt copy immediately behind blue form)
 RE: PayOR BRYAN AND VALERIE A FUHS
 Address 1603 E WESTMINSTER LN
 SPOKANE WA 99223

Claimant(s) if NOT Payor _____
 Refund Amount \$25.00 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 (✓) Jnl
 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 insufficient fees / claim incomplete / withdrawn / o-pmt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 #
95-397	43	\$25.00	-0-	N020700
		\$		
		\$		
		\$		
		\$		
Total		\$25.-	\$ -	

*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 FEE DUE. CLAIM MATCHES DECREE.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval C. Fritschle Hold _____ To Fiscal 9-4-09, 12
 Logged 9-4-09
 Data Base Modified? Y/N NA A &/or R Records By _____ on _____