

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 9/8/09
SUBJ: Receipt No. T088690
(Please attach receipt copy immediately behind form)

RE: PayOR LARRY CUNNINGHAM
Address 89 FAIRWAY DR F1
BLANCHARD ID 83804

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 # T088690
S.O. Verified Ext. by N/A on N/A D.B. Query by N/A
Refund Generated by: Agent ☒ Claimant _____
Refund Category:
O-pmt

Date of Last Correspondence (copy attached) N/A

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
95-704	43	\$ 25.00	\$ -0-	T088690
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 25.00	\$ -0-	

***Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded.**

Detailed Reason(s) for Refund Attached: Y ☐ N ☒

Claim Basis is Decree; no fees needed; claim matches Decree.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
C. Fritschle Approval *C. Fritschle* Hold _____ To Fiscal *9-10-09*
Logged 9/9/09
Data Base Modified? Y ☐ N ☐ NA ☒ by _____ on _____

09/08/09