

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 9/15/09
 SUBJ: Receipt No. T088686 & T088687
 (Please attach receipt copy immediately behind form)

RE: PayOR SYLTE RANCH LLC
 Address 8626 W SYLTE RANCH RD
 RATHDRUM ID 83858

Claimant(s) if NOT Payor GORDON AND EVELYN SYLTE
 Refund Amount \$ 125.00 Claim Location: Region ☒ Claimant ☐
 Extension Filed? Y ☐ N ☐ NA ☒ Copy Attached? Y ☐ N ☐ NA ☒
 Late Fees Paid? Y ☐ N ☐ NA ☒ Late Fee Receipt # T088686 & T088687
 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 #
95-733	04 & 01	\$ 100.00	\$ -0-	T088687
95-734	04	\$ 25.00	\$ -0-	T088686
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 125.00	\$ -0-	

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

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

Basis is Decree on both claims; no fees needed; claims match Decree except 95-733 claimed .230 cfs less than Decree.

Region AJ Spvsr. Approval ☐ S.O. AJ Spvsr. Approval ☐
 C. Fritschle Approval *C. Fritschle* Hold ☐ To Fiscal 9-16-09, AS
 Logged 9/15/09
 Data Base Modified? Y ☐ N ☐ NA ☒ by ☐ on ☐

09/08/09