

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 9/16/09
SUBJ: Receipt No. N021462
(Please attach receipt copy immediately behind form)

RE: PayOR MICHAEL AND KIMBERLY A MASON FAMILY TRUST
Address 15810 ARABELLA AVE
BAKERSFIELD CA 93314

Claimant(s) if NOT Payor _____
Refund Amount \$ 75.00 Claim Location: Region ☒ Claimant _____
Extension Filed? Y ☐ N ☐ NA ☒ Copy Attached? Y ☐ N ☐ NA ☒
Late Fees Paid? Y ☐ N ☐ NA ☒ Late Fee Receipt # N021462
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 #
95-803	43	\$ 25.00	\$ -0-	N021462
95-831	43	\$ 25.00	\$ -0-	N021462
95-920	43	\$ 25.00	\$ -0-	N021462
		\$	\$	
		\$	\$	
Total		\$ 75.00	\$ -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 all claims; no fees needed; claims match Decree.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
C. Fritschle Approval *C. Fritschle* Hold _____ To Fiscal *9-18-09*
Logged 9/16/09
Data Base Modified? Y ☐ N ☐ NA ☒ by _____ on _____

09/08/09