

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 10-7-09
 SUBJ: Receipt No. N020792
 (Please attach receipt copy immediately behind form)

RE: PayOR VICTORIA AND KEN ROBERGE
 Address PO BOX 1373
 COEUR D ALENE ID 83816

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 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 #
95-870	43	\$ 25.00	\$ -0-	N020560
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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 matches decreed right; no fees were due.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval *C. Fritschle* Hold _____ To Fiscal 10-7-09 *MS*
 Logged 10/7/09
 Data Base Modified? Y ☐ N ☐ NA ☒ by _____ on _____

09/08/09