

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 10-7-09
SUBJ: Receipt No. N020601
(Please attach receipt copy immediately behind form)

RE: PayOR MELANIE VAN DYK
Address 10998 W TWIN LAKES RD
RATHDRUM ID 83858

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 #
95-840	43	\$ 25.00	\$ -0-	N020601
95-10794	43	\$ 25.00	\$ 25.00	N020601
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 50.00	\$ 25.00	

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

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

Claim #95-840 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, *AP*
Logged 10/7/09
Data Base Modified? Y ☐ N ☐ NA ☒ by ---- on ----

09/08/09