

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 10-7-09
SUBJ: Receipt No. C089315
(Please attach receipt copy immediately behind form)

RE: PayOR KATHLEEN BRUNN
Address 3760 W FAIRWAY DR
COEUR D'ALENE ID 83815

Claimant(s) if NOT Payor BRUNN FAMILY TRUST
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 #
95-805	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 Spvrs. Approval ☐ S.O. AJ Spvrs. Approval ☐
C. Fritschle Approval *C. Fritschle* Hold ☐ To Fiscal 10-7-09, *AF*
Logged 10/7/09
Data Base Modified? Y ☐ N ☐ NA ☒ by ☐ on ☐

09/08/09