

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 12-3-09
 SUBJ: Receipt No. C089562
 (Please attach receipt copy immediately behind form)

RE: PayOR COTTONWOOD RV PARK/ZACHRY, WILLIAM H/GLORIA G
 Address 125 BRADFORD ST
 MOUNTAIN HOME ID 83647

Claimant(s) if NOT Payor ---
 Refund Amount \$ 50.00 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 #
61-2142	43	\$ 164.00	\$ 114.00	C089562
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 164.00	\$ 114.00	

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

Detailed Reason(s) for Refund Attached: Y ☒ N ☐
 PLEASE SEE ATTACHED EMAIL

Region AJ Spvsr. Approval --- S.O. AJ Spvsr. Approval --- *CS*
 C. Fritschle Approval *CS* Hold --- To Fiscal *12-4-09, D*
 Logged 12-3-09
 Data Base Modified? Y ☐ N ☐ NA ☒ by --- on ---

09/08/09