

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 3-15-10
 SUBJ: Receipt No. T090195
 (Please attach receipt copy immediately behind form)

RE: PayOR TYLER CORDER
 Address C/O CLIFF FINDLAY
 310 N GIBSON RD
 HENDERSON NV 89014
 Claimant(s) if NOT Payor CLIFF FINDLAY
 Refund Amount \$ 425.00 Claim Location: Region ☒ Claimant ☐
 Extension Filed? Y ☐ N ☐ NA ☒ Copy Attached? Y ☐ N ☐ NA ☒
 Late Fees Paid? Y ☐ N ☐ NA ☒ Late Fee Receipt # NA
 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)

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
95-8754	43	\$ 450.00	\$ 25.00	T090195
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 450.00	\$ 25.00	

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

Detailed Reason(s) for Refund Attached: Y ☐ N ☒
 Claimant overestimated his diversion capacity by a factor of 100.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval *C. Fritschle* Hold _____ To Fiscal *3-15-10*
 Logged 3-15-10
 Data Base Modified? Y ☐ N ☐ NA ☒ by _____ on _____

09/08/09