

## Refund Request

TO: S. Sherman to Log In  
 FOR: C. Fritschle/D. Allen  
 FROM: L. Harris Date: 5/4/10  
 SUBJ: Receipt No. C090587  
 (Please attach receipt copy immediately behind form)

RE: PayOR BILL SLAVIN RANCH  
 Address PO BOX 255  
 CARMEN ID 83462

Claimant(s) if NOT Payor \_\_\_\_\_  
 Refund Amount \$ ~~100.00~~ **99.00** 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 # |
|-----------|------|-----------|------------------------------------|---------|
| 75-14637  | 01   | \$ 269.00 | \$ <del>169.00</del> <b>170.00</b> | C090587 |
|           |      | \$        | \$                                 |         |
|           |      | \$        | \$                                 |         |
|           |      | \$        | \$                                 |         |
|           |      | \$        | \$                                 |         |
| Total     |      | \$ 269.00 | \$ <del>169.00</del> <b>170.00</b> |         |

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

Detailed Reason(s) for Refund Attached: Y ☒ N ☐  
 Claimant has overpaid the fees for their late claim. ~~\$169.00~~ **170.00** is the correct fee, therefore, ~~\$169.00~~ **99.00** should be refunded.

Region AJ Spvsr. Approval \_\_\_\_\_ S.O. AJ Spvsr. Approval \_\_\_\_\_  
 C. Fritschle Approval *C. Fritschle* Hold \_\_\_\_\_ To Fiscal **5-5-10-10**  
 Logged **5-5-10-10**  
 Data Base Modified? Y ☐ N ☐ NA ☒ by \_\_\_\_\_ on \_\_\_\_\_