

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: KENNETH WNOBLOCK Date: 6/16/10
 SUBJ: Receipt No. _____ (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR ROCKFORD BAY TERRACE
 Address C/O A.S. MARSH
8544 W. ROCKFORD BAY RD
COEUR D'ALENE, ID 83814

Claimant(s) if NOT Payor _____
 Refund Amount \$ 90.00 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 _____
 Refund Generated By () Agent () Claimant
 Refund Category:
 insufficient fees / claim incomplete / withdrawn / o-pmt

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>95-4412</u>	<u>DOMESTIC</u>	<u>\$ 90</u>	<u>90</u>	<u>N084217</u>
<u>95-4418</u>	<u>DOMESTIC</u>	<u>\$ 90</u>	<u>90</u>	<u>N084890</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$180</u>	<u>\$90</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N
DUPLICATE FILING FOR 95-4412

Region AJ Spvrs. Approval _____ S.O. AJ Spvrs. Approval _____
 C. Fritschle Approval C. Fritschle Hold _____ To Fiscal 6-17-10
 Logged 6-17-10
 Data Base Modified? Y/N (NA) A &/or R Records By _____ on _____

05/19/94

Request for Withdrawal of Adjudication Claim with
Filing Fees to be Refunded

Name of Claimant(s) ~~Nick~~ Rockford Bay Terrace Comm. Bldg
Mailing Address c/o A. S. Marsh 8544 W. Rockford Bay Rd ^{CD#} 53
Receipt No. 11024217 Amount \$90.00

Claim No(s) _____
Signature [Signature] Date 6-16-10

Reason for request: duplicate claim with
incorrect priority DATE. Priority
date should be 01/01/1966

Please send this form to:

Idaho Department of Water Resources
Northern Region
7600 Mineral Dr. Suite 100
Coeur d Alene, ID 83815

For IDWR Use

Approved by (Region) [Signature] Date 6/16/10
Approved by (State Office) _____ Date _____