

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: K. Knoblock via S. Sherman Date: 8-25-10
 SUBJ: Receipt No. N021103
 (Please attach receipt copy immediately behind form)

RE: PayOR WENDY COSTELLO
 Address PO BOX 332
 BAYVIEW ID 83803

Claimant(s) if NOT Payor

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 # 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) N/A

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
95-13291	43	\$ 25.00	\$ 25.00	N021103
95-13239	43	\$ 25.00	\$ -0-	N021103
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 50.00	\$ 25.00	

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

Detailed Reason(s) for Refund Attached: Y ☐ N ☒

~~Duplicate payment.~~ Claim 95-13239 has been withdrawn.

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval *C. Fritschle* Hold _____ To Fiscal *8-26-10*
 Logged *8-26-10-10*
 Data Base Modified? Y ☐ N ☐ NA ☒ by _____ on _____

09/08/09