

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/D. Allen
FROM: S. Sherman Date: 11-29-11
SUBJ: Receipt No. N028552
(Please attach receipt copy immediately behind form)

RE: PayOR
Address

Scarsella Bros., Inc.
PO Box 68697
Seattle WA 98168-0697

Claimant(s) if NOT Payor

Refund Amount \$25.- Claim Location: Region Claimant
Extension Filed? Y N NA Copy Attached? Y N NA ✓
Late Fees Paid? Y N NA ✓ Late Fee Receipt # n/a
S.O. Verified Ext. by on D.B. Query by
Refund Generated by: Agent Claimant
Refund Category:

Select One o-pm d.

Date of Last Correspondence (copy attached)

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>95-8049</u>	<u> </u>	<u>\$25.-</u>	<u>\$ 0</u>	<u>N028552</u>
<u> </u>	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>
<u> </u>	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>
<u> </u>	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>
<u> </u>	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>
<u> </u>	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>
Total	<u> </u>	<u>\$</u>	<u>\$</u>	<u> </u>

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

Detailed Reason(s) for Refund Attached: Y N ✓
No fee charged for ownership changes.

Region AJ Spvsr. Approval S.O. AJ Spvsr. Approval
C. Fritschle Approval C. Fritschle Hold To Fiscal 11-30-11 AS
Logged 11-29-11
Data Base Modified? Y N ✓ NA ✓ by on