

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: ~~L. Harris~~ S. Sherman Date: 7/26/2012
 SUBJ: Receipt No. N029393
 (Please attach receipt copy immediately behind form)

RE: PayOR NORTH IDAHO TITLE INSURANCE INC
 Address 601 E FRONT ST STE 204
COEUR D'ALENE ID 83814

Claimant(s) if NOT Payor TIMOTHY RACICOT/VICKY RACICOT
 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 #
 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 #
<u>95-9878</u>	<u> </u>	<u>\$ 25.00</u>	<u>\$ 0</u>	<u>N029393</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>\$ 25.00</u>	<u>\$ 0</u>	

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

Detailed Reason(s) for Refund Attached: Y ☒ N ☐
 Ownership change fees not required, claims have not yet been decreed in CSRBA.

Region AJ Spvsr. Approval S.O. AJ Spvsr. Approval
 C. Fritschle Approval C. Fritschle Hold To Fiscal 7-27-12 - AS
 Logged 7-27-12
 Data Base Modified? Y ☐ N ☐ NA ☒ by on

09/08/09