

Refund Request

TO: S. Sherman to Log In
 FOR: C. Fritschle/D. Allen
 FROM: S. Sherman Date: 8-17-12
 SUBJ: Receipt No. C095434
 (Please attach receipt copy immediately behind form)

RE: PayOR Haemmerle & Haemmerle
 Address P.O. Box 1800
Hailey ID 83333

Claimant(s) if NOT Payor Nan Allison-Stone & Larry Stone
 Refund Amount \$ _____ Claim Location: Region _____ Claimant ✓ State of CO
 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:

Select One overpmt.

Date of Last Correspondence (copy attached) 5-25-12

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>36-16908</u>	<u>17, 84</u>	<u>\$ 140.-</u>	<u>\$ 120.-</u>	<u>C095434 + C095352</u>
<u>36-16923</u>	<u>17, 84</u>	<u>\$ 140.-</u>	<u>\$ 120.-</u>	<u>C095434 + C095352</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
Total		<u>\$ 280.00</u>	<u>\$ 240.00</u>	

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

Detailed Reason(s) for Refund Attached: Y ✓ N _____
Receipt C095352 = 200.00
Receipt C095434 = 80.00 Refund 40.00

Region AJ Spvsr. Approval _____ S.O. AJ Spvsr. Approval _____
 C. Fritschle Approval C. Fritschle Hold _____ To Fiscal 8-17-12
 Logged 8-17-12
 Data Base Modified? Y _____ N _____ NA ✓ by _____ on _____