

Refund Request

TO: S. Sherman to Log In
FOR: C. Fritschle/~~D. Allen~~ *S. Marston*
FROM: L. Harris Date: 10/8/2013
SUBJ: Receipt No. N030151
(Please attach receipt copy immediately behind form)

RE: PayOR LINDA TOMBLIN
Address 11310 N GOVERNMENT WAY
HAYDEN ID 83835

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 #
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 #
95-11230	Domestic	\$ 25.00	\$ 0	N030151
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 25.00	\$ 0	

***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 10-8-2013
Logged 10-8-2013 *AS*
Data Base Modified? Y ☐ N ☐ NA ☒ by on

09/08/09