

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris Date: 10/2/2014
SUBJ: Receipt No. C099465
(Please attach receipt copy immediately behind form)

RE: Payer Brandon Junso
Address 1001 Paradise Ln
Pinehurst ID 83850

Claimant(s) if NOT Payer

Refund Amount \$ 25.00 Claim Location: Region ☒ Claimant NA
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:

O-pmt

Date of Last Correspondence (copy attached)

<u>Claim No.</u>	<u>Use*</u>	<u>Fees Paid</u>	<u>Correct Fee</u>	<u>Rec't #</u>
<u>94-8853</u>	<u>Domestic</u>	<u>\$ 25.00</u>	<u>\$ 0</u>	<u>C099465</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>
<u>Total</u>	<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 ☐
Ownership change fees not required, Adjudication claim pending in CSRBA.

Region AJ Supervisor Approval
AJ Section Manager Approval *C. Harris*

Data Base Modified? Y ☐ N ☐ NA ☐ by on

01/07/14