

# Refund Request

TO: S. Sherman to Log In  
 FOR: C. Fritschle/D. Allen  
 FROM: S. Sherman Date: 1-29-10  
 SUBJ: Receipt No. N023146  
 (Please attach receipt copy immediately behind form)

RECEIVED  
 FEB 03 2010

RE: PayOR PETER ROSE  
 Address 376 S SEELEY  
 POST FALLS ID 83854 IDWR / NORTH

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) 1-29-2010

| Claim No. | Use* | Fees Paid      | Correct Fee | Rec't # |
|-----------|------|----------------|-------------|---------|
| 95-11809  | 43   | \$ 25.00       | \$ -0-      | N023146 |
|           |      | \$ 25.00       | \$ 25.00    | T089242 |
|           |      | \$             | \$          |         |
|           |      | \$             | \$          |         |
|           |      | \$             | \$          |         |
| Total     |      | \$ 25.00 50.00 | \$ 25.00    |         |

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

Detailed Reason(s) for Refund Attached: Y ☒ N ☐  
 PLEASE SEE ATTACHED LETTER TO CLAIMANT

Region AJ Spvsr. Approval \_\_\_\_\_ S.O. AJ Spvsr. Approval \_\_\_\_\_  
 C. Fritschle Approval *C. Fritschle* Hold \_\_\_\_\_ To Fiscal 1-29-10 - MS  
 Logged 1-29-10  
 Data Base Modified? Y ☐ N ☐ NA ☒ by \_\_\_\_\_ on \_\_\_\_\_

09/08/09

SCANNED  
 JAN 29 2010