

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. N032916
Date: 10/30/2017
(Please attach receipt copy immediately behind form)

RE: Payor James M. Mosher
Address 513 E. Orion Ct.
Boise ID 83702

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 ☐
Refund Generated by: Agent ☒ Claimant ☐
Refund Category:

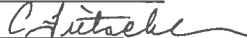
Overpayment

Date of Last Correspondence (copy attached)

Claim No.	Use*	Fees Paid	Correct Fee	Receipt #
95-16045	Domestic	\$ 25.00	~~\$ 25.00~~ 0.00	~~N024539~~ N032916
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 25.00	~~\$ 25.00~~ 0.00	

***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 for pending Adjudication claims. Requesting refund of fees paid under receipt N032916.

Region AJ Supervisor Approval
AJ Section Manager Approval 

Database Modified? Y ☐ N ☐ NA ☒ by on

05/24/17