

## Refund Request

TO: Fiscal Manager  
THROUGH: AJ Section Manager  
FROM: Lori Harris  
SUBJ: Receipt No. N032342  
(Please attach receipt copy immediately behind form)

Date: 1/17/18

RE: Payor Matt Britt  
Address 18300 W. Hardison Rd  
Post Falls ID 83854

Claimant(s) if NOT Payor  
Refund Amount \$ 25.00  
Extension Filed? Y ☐ N ☐ NA ☒ Claim Location: Region ☒ Claimant ☐  
Late Fees Paid? Y ☐ N ☐ NA ☒ Copy Attached? 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 # |
|-----------|----------|-----------|-------------|-----------|
| 95-11351  | Domestic | \$ 25.00  | \$ 0        | N032342   |
|           |          | \$        | \$          |           |
|           |          | \$        | \$          |           |
|           |          | \$        | \$          |           |
|           |          | \$        | \$          |           |
| 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 for pending Adjudication claims. Requesting refund of fees paid under receipt N032342.

Region AJ Supervisor Approval  
AJ Section Manager Approval 

Database Modified? Y ☐ N ☐ NA ☒ by on

05/24/17