

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C104767
(Please attach receipt copy immediately behind form)

Date: 3/15/2018

RE: Payor Cynthia L. Waller
Address 6833 E. Ohio Match Rd.
Hayden, ID 83835

Claimant(s) if NOT Payor Mary Sorensen
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 #
95-11851	Domestic	\$ 25.00	\$ 25.00	N021104
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 25.00	\$ 25.00	

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

Detailed Reason(s) for Refund Attached: Y ☐ N ☐
Requesting refund of fees paid for ownership change. Claim still active in AJ, ownership change fee not required.

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

Database Modified? Y ☐ N ☐ NA ☒ by on

05/24/17