

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C105251
Date: 6/18/2018
(Please attach receipt copy immediately behind form)

RE: Payor Michael Keys
Address 16153 W Sandback Pl
Post Falls ID 83854

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 #
95-11361	Domestic	\$ 25.00	\$ 0	C105251
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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 ☐
Requesting refund of fees paid for ownership change. Claim still active in AJ, ownership change fees not required.

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

Database Modified? Y ☐ N ☐ NA ☒ by on

05/24/17