

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C105831
Date: 10/30/2018
(Please attach receipt copy immediately behind form)

RE: Payor Brian A Rodgers & Cathy M Rodgers
Address 1426 G St SE
Washington DC 20003

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 #
95-11514	Domestic	\$ 25.00	\$ 0	C105831
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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 

Database Modified? Y ☐ N ☐ NA ☐ by on