

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C105824
Date: 10/30/2018
(Please attach receipt copy immediately behind form)

RE: Payor David Shaw
Address 4001 E Main St
Emmett ID 83617

Claimant(s) if NOT Payor Eckhardt Family LLLP
Refund Amount \$ 125.00 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 #
67-15310	Stockwater	\$ 25.00	\$ 0	C105824
67-15311	Stockwater	\$ 25.00	\$ 0	C105824
67-15312	Stockwater	\$ 25.00	\$ 0	C105824
67-15313	Stockwater	\$ 25.00	\$ 0	C105824
67-15314	Stockwater	\$ 25.00	\$ 0	C105824
Total		\$ 125.00	\$ 0	

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

Detailed Reason(s) for Refund Attached: Y ☐ N ☐
Fees required for first four deferrable stockwater claims by one claimant, no fees for additional claims filed.

Region AJ Supervisor Approval
AJ Section Manager Approval 

Database Modified? Y ☐ N ☐ NA ☒ by on