

## Refund Request

TO: Fiscal Manager  
THROUGH: AJ Section Manager  
FROM: Lori Harris  
SUBJ: Receipt No. C107200  
(Please attach receipt copy immediately behind form)

Date: 7-16-19

RE: Payor McHugh Bromley PLLC  
Address 380 S 4th St Ste 103  
Boise ID 83702

Claimant(s) if NOT Payor City of Post Falls  
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 # |
|-----------|------------|-----------|-------------|-----------|
| 95-2141   | Irrigation | \$ 25.00  | \$ 0        | C107200   |
|           |            | \$        | \$          |           |
|           |            | \$        | \$          |           |
|           |            | \$        | \$          |           |
|           |            | \$        | \$          |           |
| 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 ☐  
Fee paid for ownership change, claim still active in adjudication, ownership change fee not required.

Region AJ Supervisor Approval         
AJ Section Manager Approval *C. F. [Signature]*

Database Modified? Y ☐ N ☐ NA ☒ by        on