

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C107242
Date: 7-31-19
(Please attach receipt copy immediately behind form)

RE: Payor Brickert Country Estates
Address 6607 Octavia Ct
Post Falls ID 83854

Claimant(s) if NOT Payor
Refund Amount \$ 207.00 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 #
95-7082	Irrigation	\$ 207.00	\$ 0	C107242
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Total		\$ 207.00	\$ 0	

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

Detailed Reason(s) for Refund Attached: Y ☒ N ☐
Submitted amended claim with fees, no fee required for the amendment of the claim.

Region AJ Supervisor Approval
AJ Section Manager Approval 

Database Modified? Y ☐ N ☐ NA ☒ by on

05/24/17

Idaho Department of Water Resources Receipt

Receipt ID: C107242

Payment Amount	\$207.00	Date Received	7/19/2019 11:09 AM	Region	STATE
Payment Type	Check	Check Number	1676		
Payer	BRICKERT COUNTRY ESTATES				
Comments	ORDER GRANTING MOTION TO FILE AMENDED NOTICE OF CLAIM FOR WR# 95-7082 DOCUMENT NUMBER: D200148				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$207.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155

Water Rights

Basin	Sequence	Split Suffix
95	7082	

Signature Line (Department Representative)