

## Refund Request

TO: Fiscal Manager  
THROUGH: AJ Section Manager  
FROM: Lori Harris  
SUBJ: Receipt No. C107229  
Date: 10-23-19  
(Please attach receipt copy immediately behind form)

RE: Payor Janet Dillon Duval  
Address 3219 Camelback Rd #506  
Phoenix AZ 85018

Claimant(s) if NOT Payor  
Refund Amount \$ 50.00 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 # |
|-----------|----------|-----------|-------------|-----------|
| 95-17785  | Domestic | \$ 75.00  | \$ 25.00    | C107229   |
|           |          | \$        | \$          |           |
|           |          | \$        | \$          |           |
|           |          | \$        | \$          |           |
|           |          | \$        | \$          |           |
| Total     |          | \$ 75.00  | \$ 25.00    |           |

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

Detailed Reason(s) for Refund Attached: Y ☐ N ☐  
\$50.00 late fee paid, domestic use is exempt from late fees.

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: C107229

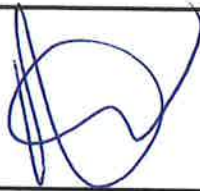
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|                |                                                                     |               |           |        |       |
|----------------|---------------------------------------------------------------------|---------------|-----------|--------|-------|
| Payment Amount | \$75.00                                                             | Date Received | 7/18/2019 | Region | STATE |
| Payment Type   | Check                                                               | Check Number  | 5322      |        |       |
| Payer          | DUVAL, JANET DILLON                                                 |               |           |        |       |
| Comments       | ORDER GRANTING MOTION TO FILE LATE NOTICE OF CLAIM FOR WR# 95-17785 |               |           |        |       |

## Fee Details

|         |                                   |       |      |             |            |        |
|---------|-----------------------------------|-------|------|-------------|------------|--------|
| Amount  | Description                       | PCA   | Fund | Fund Detail | Subsidiary | Object |
| \$75.00 | NORTHERN ID ADJUDICATION LATE FEE | 75503 | 0337 | 1           |            | 1155   |

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Signature Line (Department Representative)