

Refund Request

TO: Fiscal Manager
THROUGH: AJ Section Manager
FROM: Lori Harris
SUBJ: Receipt No. C0109284
(Please attach receipt copy immediately behind form)

Date: 9-22-20

RE: Payor Linda Watts Dickerson
Address 1151 Paradise Ridge Rd
Moscow ID 83843

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 #
87-11645	Domestic	\$ 25.00	\$ 0	C0109284
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
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 ☐
Claimant has previously paid correct filing fee, this is an overpayment.

Region AJ Supervisor Approval
AJ Section Manager Approval CLJ

Database Modified? Y ☐ N ☐ NA ☒ by on



State of Idaho

DEPARTMENT OF WATER RESOURCES

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BRAD LITTLE
Governor

GARY SPACKMAN
Director

September 23, 2020

LINDA WATTS DICKERSON
1151 PARADISE RIDGE RD
MOSCOW ID 83843

RE: Filing Fees for Water Right No(s). 87-11645

Dear Linda,

You recently submitted an additional \$25.00 filing fee for Notice of Claim to a Water Right No. 87-11645, for which we had already received the correct filing fee. We have initiated a refund of this \$25.00 fee you paid, which you should receive this refund within the next few weeks.

If you have any questions regarding this letter, feel free to contact our office.

Sincerely,

A handwritten signature in blue ink that reads "Lori Harris". The signature is written in a cursive, flowing style.

Lori Harris
Technical Records Specialist 2
Adjudication Section

LH:1