

REFUND REQUEST

TO: S. Sherman to Log In
 FOR: D. Shaff/D. Allen
 FROM: Western Region Date: 4-16-08
 SUBJ: Receipt No. C086519 (Please attach ARQ2 Receipt copy immediately behind blue form)

RE: PayOR Eberle Berlin Kading Turnbow & Mc Kiveen
 Address 1111 W. Jefferson St. Suite 530
PO Box 1368
Boise ID 83701

Claimant(s) if NOT Payor Jan M. Peterson

Refund Amount \$25⁰⁰ 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:

insufficient fees / claim incomplete / withdrawn / (o-pmt)

Date of Last Correspondence (copy attached) _____

Claim No.	Use*	Fees Paid	Correct Fee	Rec't #
<u>63-32007</u>	<u>Irrig.</u>	<u>\$25⁰⁰</u>	<u>0</u>	<u>C086519</u>
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
Total		<u>\$25⁰⁰</u>	<u>\$ 0</u>	

*Incomplete claims or insufficient fees for irrigation use will generally NOT be refunded. D.E. claim in AJSP1 at minimum.

Detailed Reason(s) for Refund Attached Y/N

Ownership change fees not required, removing name of deceased spouse.

Region AJ Spvsr. Approval [Signature] S.O. AJ Spvsr. Approval _____
 Don Shaff Approval _____ Hold _____ To Fiscal _____

Data Base Modified? Y/N NA A &/or R Records By _____ on _____