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Townsend, KariLynn

To: Allen, Debbie
Subject: RE: Refund Request

Hi Debbie . . .

Please issue a refund against **receipt # S026923** in the amount of **\$75.00** to clear an overpayment.
The refund should be sent to:

**PETER J GRUSH
SYLVIA T GRUSH
2025 S HWY 81
MALTA ID 83342**

Thank you,

Kari Lynn T.
May 25, 2005

Receipt Details for ID S026923

Status	Adjustment Type	Version
		1

REFUND PLEASE!

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
7/23/2004 4:27:10 PM	7/27/2004 9:56:35 AM	SOUTHERN	\$300.00	Check
Payer		GRUSH, PETER J		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
4430			
Card Expiration Date	Credit Card Transaction #		

Comment Change of Ownership - Surface Rights of J D Hutchison

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$300.00	OWNERSHIP CHANGES/SECURITY INTERESTS	64140	0229	21		1155

Refund(s):

Amount	Payee	Date	Document Number
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WR's 43-165C
43-168C
43-169E
43-172C
43-178D
43-10011
43-10789
43-11291
43-11292

Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
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Print Report

\$75 refund
for overpayment

Peter J Grush
Sylvia T Grush
2025 S Hwy 81
Malta ID 83312