

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291316 thru 291316
Printed: 12/17/2008 4:03:07 PM - Page 11**

Cashlisting: **72764** Cashlist Area: **3755** Description: **DIV OF AIR RESOURCES MGMT.**
 Deposit No: **291316** Date Deposited: **12/17/2008** Contact: **E. WALKER**

*REFUND # 17099
NO FEE DUE
W/TV APPLICATIONS*

Object	Transmittal	Dep IDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	52012	489864	647677		BERKSHIRE DRY CLEANERS	1242	\$100.00		915314	807684	PFTF	
	52031		647714		INNOVIDA SERVICES	1759	\$100.00		915340	807748	PFTF	
Object Code 002272 Subtotal:							\$200.00					
002309	52012	489867	647680		ORANGE COUNTY BOCC	0000729818	\$150.00		915318	807687	PFTF	
Object Code 002309 Subtotal:							\$150.00					
Cashlisting 72764 Total:							\$350.00					

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: BERKSHIRE DRY CLEANERS
ADDRESS: 7055 RADIO RD
NAPLES, FLORIDA 34104

AMOUNT: \$100.00 CHECK #: 1242 DEPOSIT DATE: 12-17-2008 DEPOSIT: 291316
DOCUMENT NUMBER: 489864 SYS RECEIPT#: 647677 PAYMENT#: 915314 REMIT#: 807684
REV OBJECT CODE: 002272 NON-TITLE V GENERAL PERMIT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: NO FEE DUE

CERTIFIED TRUE AND CORRECT this _____ day of _____, 20____.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$100.00 was originally deposited into the State Treasury,

Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137 _____ 00000022000000

CERTIFIED TRUE AND CORRECT this 31st day of December, 2008.

William E. Ribble, ES III Rebecca J. Ghar SM II
Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED."

Three years is interpreted as meaning three years from the date of payment into State Treasury.

**Florida Department of Environmental Protection
Cash Receiving Application (CRA)
Cashlisting by Deposit #: 291316 thru 291316
Printed: 12/17/2008 4:03:07 PM - Page 11**

Cashlisting: 72764 Cashlist Area: 3755 Description: DIV OF AIR RESOURCES MGMT.
Deposit No: 291316 Date Deposited: 12/17/2008 Contact: E. WALKER

*REFUND # 17097
NO FEE DUE
W/TV APPLICATIONS*

Object	Transmittal	Dep DDN	Receipt Number	Pre-Numbered Receipt	Name	Check Number	Payment Amount	Reference Account	Payment Number	Remittance Number	Fund	Grant
002272	52012	489864	647677		BERKSHIRE DRY CLEANERS	1242	\$100.00		915314	807684	PFTF	
	52031		647714		INNOVIDA SERVICES	1759	\$100.00		915340	807748	PFTF	
Object Code 002272 Subtotal:							\$200.00					
002309	52012	489867	647680		ORANGE COUNTY BOCC	0000729818	\$150.00		915318	807687	PFTF	
Object Code 002309 Subtotal:							\$150.00					
Cashlisting 72764 Total:							\$350.00					