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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BOARD'S WATER SUPPLY BANKDEPARTMENT OF
WATER RESOURCESSUBMITTAL OF REQUEST FOR
TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (IRS FORM W-9)

This form should be submitted with a completed IRS W-9 Form. It will be used to document receipt of the W-9 form for use in payment for rental of a water right from the Board's Water Supply Bank. If applicable, this form will also be considered notification to the Idaho Department of Water Resources of a change in contact information.

PLEASE RETURN WITH COMPLETED IRS W-9 FORM

LEASED WATER RIGHT NO.(S):

63-5390

NAME(S):

(Attach documentation of authority to receive payment if different from lessor)

Mike Cullen

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

930 W Yogi LN

Boise Id. 83706

TELEPHONE NUMBER(S):

(208) 631 2517

SHOULD DEPARTMENT RECORDS BE UPDATED TO THIS MAILING ADDRESS AND TELEPHONE
NUMBER AS THE CURRENT CONTACT INFORMATION?☐ YES ☐ NO

SIGNATURE(S):

Boise Cullen

(Include your title if on behalf of company or organization)

DATE:

MAR 4 2010

(FOR OFFICE USE ONLY)

DATE RECEIVED: _____

RECEIVED BY: _____

IRS FORM W-9 FORWARDED TO FISCAL ☐ YES ☐ NO

DATE: _____

ADDRESS UPDATED IN DATABASE

☐ YES ☐ NO ☐ N/A

DATE: _____

INITIAL: _____