

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

NOV 15 2006

Department of Water Resources

SUBMITTAL OF REQUEST FOR
TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (IRS FORM W-9)
IN ACCORDANCE WITH LEASE OF WATER RIGHT TO THE WATER SUPPLY BANKThis form will be used to document receipt of an IRS form W-9 and to notify
the department of a change in contact information. (If applicable)
(Please print or type)

PLEASE RETURN WITH COMPLETED W-9 FORM

LEASED WATER RIGHT NO.(S):

36-7030

NAME(S):

(Attach documentation of authority to receive
payment if different from lessor)Rose OxarangoMAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

3100 Crescent Rim DR #404
Boise Idaho 83706

TELEPHONE NUMBER(S):

(208) 342 - 7392
(208) 344 - 1238SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION?

[] YES [X] NO

SIGNATURE (S):

Rose Oxarango

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

DATE:

11-15-06

(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: _____