

RECEIVED

FEB 06 2008

DEPARTMENT OF
WATER RESOURCESSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCESSUBMITTAL 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):

33-0210233-14866

NAME(S):

(Attach documentation of authority to receive
payment if different from lessor)The Spafford TrustMAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

3614 N. 3600 E.Kimberly ID 83341

TELEPHONE NUMBER(S):

(208) 869 - 3460(208) 855 - 0267SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION?☒ YES ☐ NO

SIGNATURE (S):

The Spafford Trust
James Stephen Spafford, Trustee

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

DATE:

2/2/2008

(FOR OFFICE USE ONLY)

DATE RECEIVED:

2/6/08

RECEIVED BY:

DUB

IRS FORM W-9 FORWARDED TO FISCAL

☒ YES☐ NODATE: 2/6/08

ADDRESS UPDATED IN DATABASE

☐ YES☒ NO☐ N/A

DATE:

INITIAL:

Sumes no on file