

11/04

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
OCT 05 2005
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 BANK

This 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): 71-2091C

71-2091D

71-7008

NAME(S):

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

71-7009

71-7083

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

71-10665A

71-10065B

71-10665C

TELEPHONE NUMBER(S):

(208) 343 - 7021

(208) 866 - 4293

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

SIGNATURE (S):

Steven K. Justice

Partner DOT LLP

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

DATE:

Oct 2 2005

(FOR OFFICE USE ONLY)

DATE RECEIVED: 10-05-05 RECEIVED BY: RV

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES ☐ NO DATE: 10-05

ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A DATE: 10-05

INITIAL: RV