

11/04

RECEIVED

OCT 19 2006

DEPARTMENT OF
WATER RESOURCES

STATE OF IDAHO
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): 37-2627D

NAME(S):

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

Blaine County Recreation District

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

1050 Fox Acres Rd., Room 100

Hailey, ID 83333

TELEPHONE NUMBER(S):

(208) 788-2117

(208) 788-2168 (fax)

SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION?

☒ YES ☐ NO

SIGNATURE (S):


Wally Morgus

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

DATE:

10/16/06

(FOR OFFICE USE ONLY)

DATE RECEIVED: 10-19-06

RECEIVED BY: nv

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES ☐ NO DATE: 10-30

ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A DATE: 10-30

INITIAL: nv