

11/04

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JAN 10 2006

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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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): 63-31470
63-31479

NAME(S):

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

Theodore W. Bohlen

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

8820 STEWART RD.
MERIDIAN, IDAHO
83642

TELEPHONE NUMBER(S):

(208) 888-6136 Home
(208) 863-1128 Cell

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

☒ YES ☐ NO

SIGNATURE (S):

Theodore W. Bohlen

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

DATE:

1-7-06

(FOR OFFICE USE ONLY)

DATE RECEIVED: 1-10-06

RECEIVED BY: NV

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES ☐ NO DATE: 1-11-06
ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A DATE: 1-11-06
INITIAL: NV