

RECEIVED

NOV 20 2007

Department of Water Resources

STATE 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 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):

61-2154
61-2155
61-10378

NAME(S):

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

Bernard L BrownMAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

6379 SW Division Rd
Mtn Home ID 83647

TELEPHONE NUMBER(S):

208) 590 - 1744
() -

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

☒ YES [] NO

SIGNATURE (S):

BLBowner

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

DATE:

11-19-07

(FOR OFFICE USE ONLY)

DATE RECEIVED: 11/20/07RECEIVED BY: DUB

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES [] NO DATE: 11/21/07
ADDRESS UPDATED IN DATABASE ☒ YES [] NO [] N/A DATE: 11/21/07
INITIAL: DUB