

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):

61-2188

61-7151

NAME(S):

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

Jay Bernard Brown

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

6379 SW Division

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):

Jay B Brown

owner

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

DATE:

11-9-07

(FOR OFFICE USE ONLY)

DATE RECEIVED: 11/15/07

RECEIVED BY: DLB

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES [] NO DATE: 11/15/07

ADDRESS UPDATED IN DATABASE [] YES ☒ NO [] N/A DATE: _____

INITIAL: DLB