

11/04

RECEIVED

OCT 09 2007

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):

37-2683B

NAME(S):

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

Hidden Crown LLC

Perment
Change
MAILING ADDRESS FOR

PAYMENT RECEIPT:

(Payment will be issued to this address)

71 W Shadow Trails

Boyer City MI 49796

TELEPHONE NUMBER(S):

(231) 582-6120
()

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

☒ YES ☐ NO

SIGNATURE (S):

William J Swanson

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

DATE:

(FOR OFFICE USE ONLY)

DATE RECEIVED: 10/9/07

RECEIVED BY: SUB

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

ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A DATE: 10/9/07

INITIAL: SUB