

11/04

WA/Diana
RECEIVED
SEP 27 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):

35-2391

35-7777

NAME(S):

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

Knudsen Poor Farms

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

98 Fort Hall Ave
American Falls Id 83211

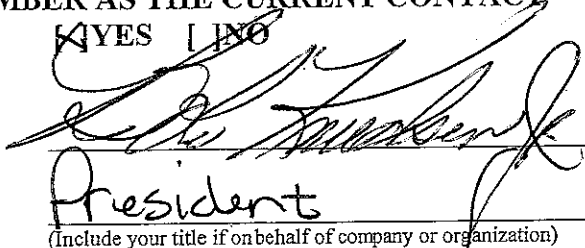
TELEPHONE NUMBER(S):

(208) 226-7777
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SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION?

☒ YES ☐ NO

SIGNATURE (S):


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

DATE:

Sept 25, 2007

(FOR OFFICE USE ONLY)

DATE RECEIVED: 9/28/07

RECEIVED BY: DUB

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES ☐ NO

DATE: 9/28/07

ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A

DATE: 9/28/07

INITIAL: DUB