

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESRECEIVED  
FEB 15 2006SUBMITTAL OF REQUEST FOR  
TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION (IRS FORM W-9)  
IN ACCORDANCE WITH LEASE OF WATER RIGHT TO THE WATER SUPPLY BANK

Department of Water Resources

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): 63-7223NAME(S):  
(Attach documentation of authority to receive  
payment if different from lessor)Duncan D. FarrisMAILING ADDRESS FOR  
PAYMENT RECEIPT:  
(Payment will be issued to this address)493 N. Katsura Ave.  
Kuna, ID 83634

TELEPHONE NUMBER(S):

(208) 861 - 7562  
( ) -SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING  
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT  
INFORMATION?☒ YES [ ] NO

SIGNATURE (S):

Duncan D. Farris

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

DATE:

February 13, 2006

(FOR OFFICE USE ONLY)

DATE RECEIVED: 2-15-06 RECEIVED BY: NVIRS FORM W-9 FORWARDED TO FISCAL ☒ YES [ ] NO DATE: 2-15  
ADDRESS UPDATED IN DATABASE ☒ YES [ ] NO [ ] N/A DATE: 2-15  
INITIAL: NV