

11/04

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RECEIVED

MAY 31 2006

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):

63-31462

NAME(S):

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

Tim & Stephanie Welebir
8475 Stewart Road
Meridian, ID 83642

MAILING ADDRESS FOR
PAYMENT RECEIPT:

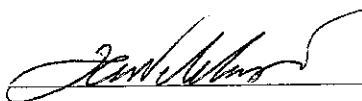
(Payment will be issued to this address)

TELEPHONE NUMBER(S):

(208) 888 - 3140
() -

SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION? [] YES [] NO

SIGNATURE (S):



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

DATE:

5/26/06

(FOR OFFICE USE ONLY)

DATE RECEIVED: _____

RECEIVED BY: _____

IRS FORM W-9 FORWARDED TO FISCAL [] YES [] NO DATE: _____

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

INITIAL: _____