

11/04

WA
RECEIVED
JUL 03 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): 36-8523

NAME(S):

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

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

734 Golf Course Rd
Jerome Id. 83338

TELEPHONE NUMBER(S):

(208) 324 - 4627
(208) 733 - 0395

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

SIGNATURE (S):

Mary Allen

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

DATE:

6-28-06

(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: _____