

11/04

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MAY 31 2006

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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):

43-10029

NAME(S):

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

STERLING LANDSCAPE CO.

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

1081 N. MITCHELL ST.

BOISE, ID.

83704

TELEPHONE NUMBER(S):

(208) 322 - 4505
() -

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

☒ YES ☐ NO

SIGNATURE (S):

John N. Sterling
PRES.

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

DATE:

5/30/06

(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: _____