

11/04

RECEIVED

APR 07 2006

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

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): 36-16236

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

CLEAR LAKE RANCH PUD MASTER ASSN, INC.

MAILING ADDRESS FOR  
PAYMENT RECEIPT:  
(Payment will be issued to this address)

307 CLEAR LAKE LANE  
BUHL, ID. 83316

TELEPHONE NUMBER(S):

(208) 543 - 4859  
(208) 731 - 4860

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

☒ YES [ ] NO

SIGNATURE (S):

Daniel J. Brunel

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

DATE:

4-5-06

(FOR OFFICE USE ONLY)

DATE RECEIVED: 4-07-06

RECEIVED BY: YV

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES [ ] NO DATE: 4-10-06  
ADDRESS UPDATED IN DATABASE ☒ YES [ ] NO [ ] N/A DATE: \_\_\_\_\_  
INITIAL: \_\_\_\_\_