

11/04

RECEIVED

OCT 05 2005

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): 74-745

NAME(S):

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

ROBERT A. BONUCCELLI

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

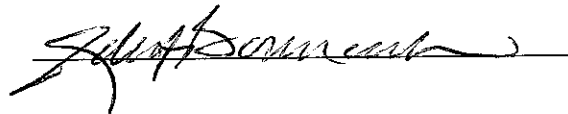
P.O. Box 141449
SPOKANE WA 99214

TELEPHONE NUMBER(S):

(509) 924 - 9730
(509) 220 - 8522 CELL

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:

10/02/05

(FOR OFFICE USE ONLY)

DATE RECEIVED: 10-05-05

RECEIVED BY: NV

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES ☐ NO DATE: 10-05

ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A DATE: 10-05

INITIAL: NV