

RECEIVED

SEP 21 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): 75-2137
75 4199
754200

NAME(S): Erik Storue & Tamara Kaiser
(Attach documentation of authority to receive payment if different from lessor)

MAILING ADDRESS FOR PAYMENT RECEIPT: 3217 Humboldt Ave South
Minneapolis MN 55408
(Payment will be issued to this address)

TELEPHONE NUMBER(S): (612) 822 - 8555
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SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT INFORMATION?
 YES NO

SIGNATURE (S): Erik Storue
Tamara Kaiser
(Include your title if on behalf of company or organization)

DATE: _____

(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: _____