

11/04

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APR - 6 2005

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):

37-2627D

NAME(S):

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

Blaine County Recreation District

Dave Keir, Executive Director

MAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

1050 Fox Acres Rd

Hailey, ID 83333

TELEPHONE NUMBER(S):

(208) 788 - 2117
() -

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

☒ YES ☐ NO

SIGNATURE (S):



Executive Director

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

DATE:

4-1-05

(FOR OFFICE USE ONLY)

DATE RECEIVED: 4-06-05

RECEIVED BY: NV

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES ☐ NO DATE: 4-07-05
ADDRESS UPDATED IN DATABASE ☒ YES ☐ NO ☐ N/A DATE: 4-07-05
INITIAL: NV