

RECEIVED

MAR 07 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 BANKThis 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):

02-7237 A02-1018902-7064 and 02-10181

NAME(S):

(Attach documentation of authority to receive
payment if different from lessor)Robert & Connie SmithOutback FarmsMAILING ADDRESS FOR
PAYMENT RECEIPT:

(Payment will be issued to this address)

94 Walkley Rd.Burbank, WA.99323

TELEPHONE NUMBER(S):

(509) 545 - 8364(509) 727 - 3578SHOULD DEPARTMENT RECORDS BE UPDATED TO SHOW THIS MAILING
ADDRESS AND TELEPHONE NUMBER AS THE CURRENT CONTACT
INFORMATION?☒ YES [] NO

SIGNATURE (S):

Robert Smith
Connie Smith

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

DATE:

3-4-05

(FOR OFFICE USE ONLY)

DATE RECEIVED: 3-07-05RECEIVED BY: TVIRS FORM W-9 FORWARDED TO FISCAL ☒ YES [] NO DATE: _____ADDRESS UPDATED IN DATABASE ☒ YES [] NO [] N/A DATE: _____INITIAL: RV