

**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):

2-7061

2-7062

2-7157C

NAME(S):

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

John T Field

**MAILING ADDRESS FOR
PAYMENT RECEIPT:**

(Payment will be issued to this address)

38167 State Hwy 78

Grand View ID 83624

TELEPHONE NUMBER(S):

() _____ - _____
() _____ - _____

**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:

11-09-04

(FOR OFFICE USE ONLY)

DATE RECEIVED: 11-09-04

RECEIVED BY: RVaughan

IRS FORM W-9 FORWARDED TO FISCAL ☒ YES [] NO DATE: 11-09-04
ADDRESS UPDATED IN DATABASE ☒ YES [] NO [] N/A DATE: 11-09-04
INITIAL: TV