

## **Request for Customer Information**

OMB # 1076-0141 Expires: M/DD/YY BIA-DWP-Irr-102 Rev. 2/2019

Irrigation Project:	Check if address update
Full Legal Name:	
Business Name:	
Mailing Address:	
City, State Zip:	
Social Security Number (SSN):	
and/or	
Employer Identification Number (EIN) or Other TIN:	
I certify that the number shown on this form is my taxpayer identifying number.	
Signature:	Date:

**Purpose:** This form is for reporting sensitive Personally Identifiable Information as required by law.

**Instructions:** Return this completed form to your local Irrigation Office. The information will be validated for accuracy per the Privacy Act of 1974 and you will be required to complete the form again if the information you provided needs to be updated. For proprietors, grantors of revocable trusts, and estates, provide both your personal and business name, and both your personal SSN and the EIN or other TIN if one has been obtained.

Paperwork Reduction Act Notice of 1995 – This information is being collected as required under the Debt Collection Improvement Act of 1996 (DCIA) from individuals and organizations doing business with the government. Public reporting burden for this form is estimated to average 12 minutes per response. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Indian Affairs, 1849 C Street, NW, MS-4141, Washington, DC 20240. Note: comments, names and addresses of commentators are available for public review during regular business hours. If you wish us to withhold this information you must state this prominently at the beginning of your comment. We will honor your request to the extent allowable by law. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The number and expiration date are displayed in the upper right corner of the form.