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2139 BROADWATER AVE. STE F BILLINGS, MONTANA 59102

10/23/2025

To Whom it may concern:

SBURA and the Billings City Council recently approved a TIF award that can be applied for through SBURA/Advisory Committee to assist in hooking up to City Water, Sewer, or both. The maximum award is \$5,000.00. There are 72 residences that are not connected in our SBURA District.

There is an application on the SBURA webpage southbillings.org. You can also contact me to receive an application.

The goals of SBURA are Business Development, Removal of Blight, and Community Enhancement. We hope this will help to assist you in the hookup.

I am looking forward to receiving your application and working with to enhance your property.

Sincerely,

Dick Zier Consultant to SBURA/Advisory Committee

SOUTH BILLINGS URBAN RENEWAL CITY WATER AND SEWER PROPOSAL

- 1. APPROXIMATELY 72 HOMES IN OUR DISTRICT ARE NOT HOOKED UP TO CITY WATER AND SEWER.
- 2. THE SBURA BOARD AND THE BILLINGS CITY COUNCIL HAS APPROVED UP TO \$5,000/APPLICANT TO ASSIST IN THE COST OF THE HOOK UP. THE MAXIMUM TIF AWARDS WOULD BE 10 OR A TOTAL OF \$50,000.00 ANNUALLY. THIS WOULD COME OUT OF OUR RESIDENTIAL AND COMMUNITY ENHANCEMENT BUDGET CATEGORY OF \$250,000.00
- 3. THE SBURA BOARD/ADVISORY COMMITTEE WOULD RECEIVE APPLICATIONS AND A WRITTEN BID FROM AN APPROVED AND LICENSED CONTRACTOR FOR THE INSTALLATION OF THIS HOOKUP.
- 4. A. PROPERTY OWNER WOULD PAY THE SYSTEM DEVELOPMENT FEE (CURRENTLY ABOUT \$2,442.00).
- 5. A LICENSED AND BONDED CONTRACTOR APPROVED TO WORK IN THE CITY APPLIES FOR THE CONNECTION PERMIT FROM THE CITY ENGINEERING AND PAYS THE FEE (CURRENTLY \$139.00).
- 6. A CONTRACTOR WOULD PERFORM THE WORK, REQUEST AN INSPECTION, AND THE CITY WOULD INSPECT THE CONNECTION.
- 7. THE CITY INSPECTOR WOULD SKETCH THE SERVICE LAYOUT FOR CITY RECORDS.
- 8. A SELF-CERTIFICATION BY THE LICENSED PLUMBER THAT THE WORK PERFORMED

TO CODE.

- 9. THE SBURA CONSULTANT WOULD PRESENT THE DOCUMENTATION TO THE SBURA BOARD/ADVISORY COMMITTEE FOR APPROVAL PRIOR TO STARTING THE PROJECT.
- 10. WHEN COMPLETED, THE SBURA/ADVISORY COMMITTEE CONSULTANT WOULD PRESENT THE DOCUMENTATION TO THE SBURA BOARD/ ADVISORY COMMITTEE FOR APPROVAL TO RELEASE THE FUNDS TO THE APPLICANT, THIS DOCUMENTATION WOULD BE SENT TO THE CITY OF BILLINGS FINANCE DIRECTOR (ANDY ZOELLER) FOR PAYMENT. THIS DOCUMENTATION WOULD BE PAID INVOICES, PROOF OF APPROVAL OF THE CITY, AND A CERTIFICATE OF SATISFACTION PREPARED BY THE SBURA/ADVISORY COMMITTEE CONSULTANT.
- 11. THESE APPLICATIONS COULD BE APPROVED BY THE SBURA BOARD AND WOULD NOT REQUIRE BILLINGS CITY COUNCIL APPROVAL, AS THEY HAVE ALREADY APPROVED THE CONCEPT.
- 12. THE TIF AWARD WOULD NOT PAY FOR ANY OF THE PERMITTING FEES,
 JUST THE CONNECTION WORK DONE BY THE APPROVED PLUMBER OR
 CONTRACTORS.

SOUTH BILLINGS BOULEVARD TAX INCREMENT ASSISTANCE APPLICATION FOR CITY WATER AND SEWER HOOKUP

1,	, NAME OF APPLICANT:								
2.	. NAME OF TENANT IF DIFFERENT:								
3.	. ADDRESS OF APPLICANT:								
4.	. TELEPHONE NUMBER OF APPLICANT:								
	PROJECT INFORMATION								
	1.	PROPERTY ADDRESS:							
	2.	LEGAL DESCRIPTION OR TAX ID#							
	3.	OWNERSHIP:							
	4.	ADDRESS:							
	5.	LICENSED CONTRACTOR NAME:							
	6.	CONTRACTOR PHONE NUMBER:							
	7.	CONTRACTOR ADDRESS:							
		DATE							
		APPLICANT (signature)							
		DATE							
		SBURA CONSULTANT (signature)							

Form W-9
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before	e yo	bu begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.										
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	wner's n	ame on	line 1,	and er	nter the	busir	iess/di	isregarded		
	2	2 Business name/disregarded entity name, if different from above.										
Print or type. See Specific Instructions on page 3.	3b	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor C corporation S corporation Partnership Trust/estate LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. Other (see instructions) 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) (Applies to accounts maintained outside the United States.) and address (optional)				
S		City, state, and ZIP code					(-)					
		List account number(s) here (optional)										
Par	t I	Taxpayer Identification Number (TIN)										
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.												
Note: If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.										$\overline{\Box}$		
Part	Ш	Certification			-							
Under	per	nalties of perjury, I certify that:										
2. I am Ser	no vice	mber shown on this form is my correct taxpayer identification number (or I am waiting for a strain t subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest color subject to backup withholding; and	I have r	not bee	n noti	ified b	y the I	ntern				
3. I an	nal	J.S. citizen or other U.S. person (defined below); and										
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.												
becaus acquis	se y itior	ion instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual retinterest and dividends, you are not required to sign the certification, but you must provide you	ons, item irement	n 2 does arrange	s not a	apply. (IRA),	For m and, g	ortga jenera	ge inte ally, pa	erest paid ayments		
Sign Here		Signature of U.S. person	Date									

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



VENDOR FORM

	SECTION I: GEN	ERAL INFORMATION						
Business Name:								
Business Address:		Remit to Address (if different):						
Address:		Address:						
City: State:	Zip:	City:	State:	Zip Code:				
Phone #:		Fax #:	-	-				
Company Ownership:								
Individual		Type of business - Check all that apply:						
Partnership		Material & Services	& Services Rent					
Corporation		Legal Services	Merchandise (Pro	oducts)				
Non-profit		Medical/Healthcare	Tax-Exempt Hos					
Affiliate		Sale of Real Estate	Tax Exempt 1100	P				
Government		Sale of Real Estate						
SECTION II: BUSINESS INFORMATION Please provide your City Business License Number: Please provide your Tax ID Number:								
	SECTION III: DEC	LARATION						
The undersigned declares the foregoing statements are true and include all information necessary to identify and explain the operations and ownership of the company. The undersigned also agrees to inform the City of Billings immediately of any changes to the above information, particularly in ownership, controlling interest or operation.								
AUTHORIZED SIGNATURE	PHONE		DATE					
NAME	EMAIL A	EMAIL ADDRESS						
TITLE	-							

Thank you for providing this information.

If you have any questions, please call 406-657-8364 or email $\underline{\text{newvendor@billingsmt.gov}}$