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DEPARTMENT OF

DEPARTMENT OF WATER RESOURCES

## **Annual Water District Meeting Information Form**

ACEIVED

Colenns Room Name/Number Street Address **Meeting Time/Day** Date (month, day, year) Day of Week Will the meeting be accessible via telephone or video conferencing? If so, include specific information on how water users can participate (eg. link, virtual platform and/or telephone number). This information must appear on the meeting notice and meeting agenda Will attendees be required to wear a face covering?

Return this form via mail, fax, or email, attention Chad Jones:

Western Regional Office 2735 Airport Way Boise, Id 83705-5082 Phone: (208) 334-2190

Email: westerninfo@idwr.idaho.gov