

**WATER DISTRICT**  
**CONTACT SHEET Year: 2024**

RECEIVED  
JUL 23 2024  
DEPT. OF WATER RESOURCES  
EASTERN REGION

**13R - OXFORD CREEK**

Water District No. / Name

**LYNN GARNER**

Watermaster Name

**P.O. BOX 57 CLIFTON ,IDAHO 83228**

Address, City, State, Zip

**208.339.1012**

**waterdistrict13r@gmail.com**

Phone Number, Home / Cell

E-mail Address

**NA**

Treasurer Name

Address, City, State, Zip

Phone Number, Home / Cell

E-mail Address

**BRIAN HENNESSY**

Assistant Watermaster Secretary *(please circle)*

**9132 NORTH CHURCH STREET OXFORD IDAHO 83228**

Address, City, State, Zip

**801.824.1300**

**oxford13rwater@gmail.com**

Phone Number, Home / Cell

E-mail Address

**This information is required for elected water district officer(s). The information provided will be posted on the IDWR website. Please fill in the information above and return it to the appropriate IDWR regional office along with the other forms listed in the meeting checklist above, after your annual meeting.**