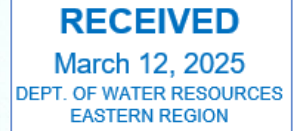


**WATER DISTRICT**  
**CONTACT SHEET Year: 2025**



**29-D / LOWER PORTNEUF & TRIBUTARIES**

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Water District No. / Name

**KRISTIN EVANS**

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Watermaster Name

**3433 E Bowman Rd Downey, ID 83234**

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Address, City, State, Zip

**208-540-1781**

---

Phone Number, Home / Cell

**watermaster29d@gmail.com**

---

E-mail Address

**DIANNA BURDEN**

---

Treasurer Name

**PO BOX 183 DOWNEY, ID 83234**

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Address, City, State, Zip

**208-705-6591**

---

Phone Number, Home / Cell

**dianna@portneuf-mercantile.com**

---

E-mail Address

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Assistant Watermaster/Secretary (*please circle*)

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Address, City, State, Zip

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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.**