

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

**RECEIVED**  
March 13, 2025  
DEPT. OF WATER RESOURCES  
EASTERN REGION

75F, LOST TRAIL

Water District No. / Name

JOEL GRIFFITH

Watermaster Name

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Address, City, State, Zip

(928) 607-4251

Phone Number, Home / Cell

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E-mail Address

JUDY SCHULER

Treasurer Name

PO BOX 87, CARMEN, ID 83462

Address, City, State, Zip

(208) 865-2017

Phone Number, Home / Cell

schulerarms@gmail.com

E-mail Address

\_\_\_\_\_  
Assistant Watermaster/Secretary (please circle)

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
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.**