

WATER DISTRICT - 13-R
Oford Stream

WATERMASTER REQUIREMENT SHEET

DATE OF MEETING: 3-20-03 TIME OF MEETING: 7 PM

PLACE OF MEETING: Clifton Community Center

IDWR EMPLOYEE IN ATTENDANCE @ ANNUAL MEETING: _____

ELECTED OFFICERS:

Chairman: _____
(name) (address)

Phone #: _____

Sec/Treas: Phyllis Murphy 5779 W. Oford Main Clifton ID 83228
(name) (address)

Phone #: _____

Watermaster: Marion Olam 8915 N Church St Clifton ID 83228
(name) (address)

Phone #: _____

Board or Committee: _____

COMMENTS: _____

APPOINTMENT REQUIREMENTS:

Copy of annual meeting minutes received: 3-27-03

Adopted Budget received: 3-27-03

Oath of Office received: 5-16-03

Petition for Watermaster Services received: 5-16-03

Certificate of Appointment sent: _____
(_____ Daily record books & Instructions to Watermaster sent)

WATER DISTRICT INFORMATION:

Watermaster Report received: _____

Proposed Budget received: _____

Daily record books received: _____