

WATER DISTRICT - 13-T

WATERMASTER REQUIREMENT SHEET

DATE OF MEETING: _____ TIME OF MEETING: _____

PLACE OF MEETING: _____

IDWR EMPLOYEE IN ATTENDANCE @ ANNUAL MEETING: _____

ELECTED OFFICERS:

Chairman: _____
(name) (address)

Phone #: _____

Sec/Treas: _____
(name) (address)

Phone #: _____

Watermaster: Craig Shuler 255 W 4th South St Soda Springs, ID
(name) (address)

Phone #: 547-3047

Board or Committee: _____

COMMENTS:

Do NOT send any forms

APPOINTMENT REQUIREMENTS:

Copy of annual meeting minutes received: _____

Adopted Budget received: _____

Oath of Office received: _____

Petition for Watermaster Services received: _____

Certificate of Appointment sent: _____

(_____ Daily record books & Instructions to Watermaster sent)

*Watermaster well,
only check wells,
no certificates
no meetings etc
See App's note
2/20/2001*

WATER DISTRICT INFORMATION:

Watermaster Report received: 2-1-02

Proposed Budget received: _____

Daily record books received: _____