

WATER DISTRICT - 13-T
Bancroft - Lund
(Wells Only)

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: _____
(name) (address)

Phone #: _____

Board or Committee: _____

COMMENTS: _____

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)

WATER DISTRICT INFORMATION:

Watermaster Report received: _____

Proposed Budget received: _____

Daily record books received: _____