

WATER DISTRICT - 33
Little Lost River

WATERMASTER REQUIREMENT SHEET

DATE OF MEETING: 3-3-03 TIME OF MEETING: _____

PLACE OF MEETING: Little Lost River Community Center

IDWR EMPLOYEE IN ATTENDANCE @ ANNUAL MEETING: _____

ELECTED OFFICERS:

Chairman: _____
(name) (address)

Phone #: _____

Sec/Treas: Leo W Army 1398 Hwy 22 Howe Id 83244
(name) (address)

Phone #: 208-767-3418

Watermaster: David Andreason P.O. Box 31 Howe Id 83244
(name) (address)

Phone #: 208-767-3515

Board or Committee: _____

COMMENTS: _____

APPOINTMENT REQUIREMENTS:

Copy of annual meeting minutes received: 4-3-03

Adopted Budget received: 4-3-03

Oath of Office received: 5-5-03

Petition for Watermaster Services received: 5-5-03

Certificate of Appointment sent: 5-5-03
(6 Daily record books & Instructions to Watermaster sent)

WATER DISTRICT INFORMATION:

Watermaster Report received: _____

Proposed Budget received: _____

Daily record books received: _____