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WATER DISTRICT - 33

Little Lost River

WATERMASTER REQUIREMENT SHEET

DATE OF MEETING: 3-1-2004 TIME OF MEETING: _____

PLACE OF MEETING: Little Lost River Community Center

IDWR EMPLOYEE IN ATTENDANCE @ ANNUAL MEETING: _____

ELECTED OFFICERS:

Chairman: Jean Andreason
(name) (address)

Phone #: _____

Sec/Treas: Leo Amyx
(name) (address)

Phone #: _____

Watermaster: David Andreason / PO Box 31 Howe, ID 83244
(name) (address)

Phone #: _____

Board or Committee: George Woodie
Bill Stauffer
Rod Puncheri

COMMENTS: _____

APPOINTMENT REQUIREMENTS:

Copy of annual meeting minutes received: 3-29-04

Adopted Budget received: 3-29-04

Oath of Office received: _____

Petition for Watermaster Services received: _____

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

WATER DISTRICT INFORMATION:

Watermaster Report received: _____

Proposed Budget received: _____

Daily record books received: _____