



DEPT. OF WATER RESOURCES EASTERN REGION

Annual Water District Meeting Information Form

You must return the completed form to IDWR as soon as possible and no later than 5 weeks before the meeting date to enable IDWR to send notice of the annual meeting at least 21 days before the meeting.

Water District No. 74 A Water District No.	ater District Name:	Geertson Cteck
Meeting Location Szlmon		
Facility Name Public Librar	~ [
Room Name/Number		
Room Name/Number Street Address 704 may 54.	1	
City Salmon, ID		
Meeting Time/Day Date (month, day, year)	2026	
Day of Week Tue > Day		
Day of Week Tues Say Time 7:00 p.m		
Will the meeting be accessible via telephone or of the so, include specific information on how platform and/or telephone number). This and meeting agenda	v water users can partici	pate (eg. link, virtual
Will attendees be required to wear a face covering		
1/ andle	and the state of t	Sections
Signature, Water District Representative	Title	
208-940-0711		/
Representative Phone Number		
VO Son 59 @ gmail Representative Email Address	rom	
Representative Email Address		
Return this form via mail, fax, or email, attention: Cl	ristina Henman	

Eastern Regional Office 900 N. Skyline Dr. Ste. A Idaho Falls, Id 83402-1718

Fax: (208) 525-7177 / Phone: (208) 525-7161 Email: christina.henman@idwr.idaho.gov