



AUTHORIZATION TO RELEASE FLOW MEASUREMENT INFORMATION

Send complete and signed form to:

Scott Valley and Shasta Valley Watermaster District
Attn: District Administrator
P.O. Box 1441
Yreka, CA 96097

Email: sswatermaster@gmail.com

Dear Administrator:

I/we hereby authorize the Watermaster to disclose diversion measurement information to _____ or their agent(s).

You may provide the following information:

All diversion measurement information including diversion number, amount and related notes.

Provide only the diversion measurement information below:

Diversion Number(s) to release: _____

Measurements for the period _____ to _____

Owner Name(s)

All related notes

If this box is checked, the undersigned requests a copy of all information released.

This is a one-time authorization ending on _____.

All owners receiving water from a single diversion must give authorization.

Thank You,

Signature: _____ *Print Name:* _____

Date: _____ *Phone:* _____

Signature: _____ *Print Name:* _____

Date: _____ *Phone:* _____

Additional persons may sign the back of this form.