



## **AUTHORIZATION TO RELEASE 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](mailto:sswatermaster@gmail.com)

Dear Administrator:

I/we hereby authorize you to disclose in good faith the diversion information checked below to \_\_\_\_\_ or its agents.

You may reproduce the following information:

All diversion information including flow amount, priority and related notes.  
*Note: The District is unable to provide information related to individual diversion measurement as it does not retain this information. If your project requires a real-time flow measurement by the Watermaster, for a limited period of time, please send a request for this service along with this form.*

Provide only the following information for the specified diversion number(s):

Diversion Number(s) to release: \_\_\_\_\_

- Summer Flow amount and priority
- Winter Flow amount and priority
- Owner Name(s)
- Parcel Number(s)
- All related notes

If this box is checked, the undersigned requests a copy of all information released. Copies will be sent to the address on file with the District.

This is a one-time authorization unless I/we have specified otherwise. I/we understand District records are public information and can be accessed through the California Public Records Act.

Thank You,

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

*Additional persons may sign the back of this form.*