COLUSA BASIN DRAINAGE DISTRICT

Voter Designation Form

neede		neralli of statement of p	artnership if applicable. Atta	acii additional pages as
	ollowing individual is desi . Must be one of the land	_	of this ownership. (Name a	nd address of voter for mail
	Name			
	Street Address or P.O. Box City, State, Zip Code			
execu	· ·	alf of the above owners of	aws of the State of California of land in Colusa Basin Drai ked.	
	Signature	Date	Signature	Date
	Signature	Date	Signature	Date
	Signature	Date	Signature	Date
	Signature	Date	Signature	Date