



CEDARPINES PARK MUTUAL WATER CO.

21853 CREST FOREST DR. P.O. BOX 9259 CEDARPINES PARK, CA. 92322 (909) 338-1821 FAX (909) 338-7311

Board Action Request Form

Name: _____ Date: _____

Address: _____

Phone Number: _____ Account # _____

Requested Action (what is it you would like the board to do?): _____

Rationale for Request (describe why you feel this request is necessary. Where possible, provide examples and facts to support your request.): _____

If the Board wishes to go forward with this request, would you be willing to present this request to the Board at their next meeting? Yes No

Note: Please attach any supporting documentation you deem appropriate. Form should be received twenty (20) days prior to Board Meeting.

This section is for Board use only

Date: _____

Action Taken: Approved Denied

Board of Directors

President – Perry Dahlstrom

Vice-President – Ronald Albright
Treasurer – Donald Pederson

Secretary – Wilfred Steiner
Director – Paul Hartman