

STATE OF MONTANA
NATURAL STREAMBED AND LAND PRESERVATION ACT
OFFICIAL COMPLAINT

1. Alleged Violator _____
Address _____
City _____ State _____ Zip _____ Phone _____

2. Name of perennial stream _____ County _____
Location _____ ¼ _____ ¼ _____ ¼ Section _____ T _____ R _____
Driving directions to site:

3. Nature of complaint. Please give specific written description of the activity and draw a sketch of the site. Please note any landmarks. Provide photos if available.

4. Verification of alleged violation. Please state whether you have personally viewed the site of the alleged violation, and the date of the viewing. If you have not viewed the site, please state the basis that forms your belief that an alleged violation is occurring.

5. Complainant's Signature _____
Please Print Name _____
Address _____
City _____ State _____ Zip _____ Phone _____

Please note: ANY COMPLAINTS FILED WITH OUR OFFICE
MAY BE REQUIRED BY LAW TO BE OPEN TO THE PUBLIC.