

**STATE OF MONTANA
NATURAL STREAMBED AND LAND PRESERVATION ACT
OFFICIAL COMPLAINT**

1. Alleged violator _____
Address _____ Telephone No. _____
City/State/Zip _____ E-mail address: _____

2. Name of landowner, if known, where activity occurred (if different from alleged violator):

Address _____ Telephone No. _____
City/State/Zip _____ E-mail address: _____

3. Location of activity
Stream name _____ County _____
Location _____ Section _____ Township _____ Range _____
Latitude/Longitude, if known _____

4. 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.

5. 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.

6. Complainant's Signature _____
Please print name _____
Address _____ City _____
State _____ Zip _____ Phone _____

Complaint:
Name:

TO BE COMPLETED BY TEAM MEMBER

INSPECTION REPORT

1. The following is the determination of the team member who conducted the on-site inspection of the alleged violation site.

2. Determination _____ activity has been initiated on a perennial flowing stream without a valid permit.

 _____ activity violates emergency procedures.

 _____ activity is outside the scope of permit.

 _____ activity is not a violation as defined by district rules.

3. Recommended course of action

Team Member _____ Date _____