WATER USE COMPLAINT Mail form and payment to: Flathead Reservation Office of the Water Engineer PO Box 37 Ronan, MT 59864 For questions contact: <u>contact@frvmb.gov</u> or (406) 201-2532				
Use this form to file a complaint to the Water Engineer regarding actions or inactions between appropriators as described in the Unitary Administration and Management Ordinance, § 3 1-102 (codified at § 85-20-1902, MCA and CSKT Ordinance 111-A).	OFFICE of the ENGINEER USE ONLY			
<ul> <li>Filing Fee: \$55 (make checks or money orders payable to FRWMB)</li> <li>IMPORTANT</li> <li>Chapter III of the Ordinance sets forth the authority governing enforcement, fines, and appeals.</li> </ul>				
<ul> <li>Disputes exclusively between or among users whose water is delivered by the Flathead Indian Irrigation Project (FIIP) shall remain subject to the oversight of the Project Operator and the Enforcement provisions of the Ordinance do not apply.</li> </ul>	Date Rec'd Rec'd By Payor Amount Rec'd			
<ul> <li>All complaints are a matter of public record and may be subject to public review upon request.</li> </ul>	Check # Receipt #			

## Address<sup>.</sup>

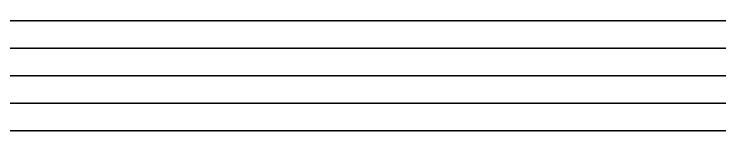
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City:	_ State:	Zip:
Phone:	Email:	

## 2. Name of Party Causing Harm (Respondent): \_\_\_\_\_

Address:		
City:	State:	Zip:
Phone:	Email:	

3. Have you contacted the Respondent causing harm? (In most instances, FRWMB and the OE will not act if the Respondent has not been contacted by the Complainant). YES INO I If YES, please identify the date/time you contacted the Respondent and a description of the Respondent's response (please attach a written copy of the "call for water").

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			Geocod			
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Location of Res Please attach a Latitude: /4 <sup>1</sup> /4 County Street Address (c	ponde map	ent's Diversio or aerial phot _ Section ate, zip)	on/Use to depicting the lo Longitude Township Geocode	ocation, pla e: e e	Range	E/W_



## 9. Signature of Complainant(s) (Original owner signatures are required, copies will not be accepted).

I declare under penalty of perjury that the statements appearing here are, to the best of my knowledge, true and correct and affirm that I have possessory interest, or the written consent of the person with the possessory interest, in the point of diversion, place of use, and conveyance. In filing this form, I agree to participate in a hearing on this complaint pursuant to Ordinance, § 3-1-104, if requested by the Parties or the Board.

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