

TEMPORARY EMERGENCY APPROPRIATION REPORT

Mail form to:

Flathead Reservation Office of the Water Engineer**PO Box 37****Ronan, MT 59864**For questions contact: contact@frwmb.gov or (406) 201-2532

Use this form to track the emergency use of water on the Flathead Indian Reservation.

File this form within 60 days after the cessation of a Temporary Emergency Appropriation**Type:** Emergency Use Only**Source:** Any**Filing Fee:** None**OFFICE USE ONLY**

Date Rec'd _____

Time _____ AM / PM

Rec'd By _____

IMPORTANT

A Temporary Emergency Appropriation may not include the use of enclosed storage except when the Temporary Emergency Appropriation is made by a local governmental fire agency organized under Title 7, Chapter 33, MCA, or applicable Tribal law, and the Temporary Emergency Appropriation is used only for emergency fire protection.

1. WATER USER INFORMATION

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

2. EMERGENCY INCIDENT LOCATION

County _____ Nearest Town _____

____ 1/4 ____ 1/4 ____ 1/4 Section _____ Township _____ ☐ N ☐ S Range _____ ☐ E ☐ W

County _____ Lot* _____ Block* _____ Subdivision Name* _____

Tract No.* _____ COS/TSR No.* _____ Government Lot* _____

Street Address, including City/State/Zip Code: _____

3. EMERGENCY DESCRIPTION

Please briefly describe the type of emergency / incident name that required the use of water:

*Please attach additional incident documents as needed.

[illegible]

WATER PUMPED DIRECTLY FROM A SOURCE

[illegible]