

# FORMAL WATER USE COMPLAINT

Mail form and payment to:

## Flathead Reservation Office of the Water Engineer

PO Box 37

Ronan, MT 59864

For questions contact: [contact@frwmb.gov](mailto:contact@frwmb.gov) or (406) 201-2532

### OFFICE USE ONLY

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).

**Filing Fee: \$55** \*Make checks payable to FRWMB

### IMPORTANT

- Chapter III of the Ordinance sets forth the authority governing enforcement, fines, and appeals.
- 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.
- All complaints are a matter of public record and may be subject to public review upon request.

Date Rec'd \_\_\_\_\_

Rec'd By \_\_\_\_\_

Payor \_\_\_\_\_

Amount Rec'd \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

1. **Name of Filing Party (Complainant):** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

3. **Have you contacted the Respondent causing harm?**  Yes  No

(In most instances, FRWMB and the OE will not act if the Respondent has not been contacted by the Complainant).

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").

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Location of Your Diversion/Use Being Affected**

***\*Please attach a map or aerial photo depicting the location, place use, and conveyance***

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

\_\_\_\_ 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 \_\_\_\_\_

Geocode \_\_\_\_\_

5. **Source of Water** (stream, unnamed tributary to named stream, groundwater, spring, pond, lake).

\_\_\_\_\_

6. **Diversion Type** (well, headgate, ditch name, pump, or pipeline).

\_\_\_\_\_

7. **Location of Respondent's Diversion/Use**

***\*Please attach a map or aerial photo depicting the location, place use, and conveyance***

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

\_\_\_\_ 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 \_\_\_\_\_

Geocode \_\_\_\_\_

8. **Please describe the nature of the complaint:** What is the respondent doing and how does that action or inaction affect your use of water. Please also provide your water right number(s) that are being harmed and any water right(s) the Respondents hold. Please also provide a preferred remedy to this complaint. **(Attach additional information as needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Signature of Complainant(s)**

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.

**Complainant 1 Printed Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complainant 2 Printed Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please note, you must submit ORIGINAL owner signatures. Copies will not be accepted.\***