

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.
