

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

1. Alleged Violator _____
Address _____ City _____
State _____ Zip _____ Phone _____

2. Location of activity: Name of perennial stream _____
_____ § _____ § _____ Section _____ T _____ R _____

3. 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.

4. 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 a alleged violation is occurring.

5. Complainant's Signature Devenne Leiss
Please print name _____
Address _____ City _____
State _____ Zip _____ Phone _____

Please note: **ANY COMPLAINTS FILED WITH OUR OFFICE
MAY BE REQUIRED BY LAW TO BE OPEN TO THE PUBLIC.**

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 _____