

**MONTANA WATER COURT, UPPER MISSOURI DIVISION
TWO MEDICINE RIVER - BASIN 41M**

NOTICE OF COUNTEROBJECTION AND REQUEST FOR HEARING

1. Claim #: _____ 2. County: _____
(One Claim Number Per Form)

3. Page number in decree: _____ 4. Source: _____

5. Name of Owner(s) to whom the water right was issued: _____

6. Counterobjector's, address, & phone number:

7. Counterobjector's Attorney, address, & phone number:

LAST NAME FIRST NAME MID. INITIAL

STREET ADDRESS OR PO BOX

CITY STATE ZIP CODE
()

PHONE NUMBER E-MAIL

LAST NAME FIRST NAME MID. INITIAL

STREET ADDRESS OR PO BOX

CITY STATE ZIP CODE
()

PHONE NUMBER E-MAIL

8. Basis of Counterobjection:

- All Elements
- Flow Rate/Volume
- Ownership
- Period of Diversion/Period of Use
- Place of Use/Maximum Acres
- Point of Diversion/Means of Diversion

- Priority Date
- Purpose of Right
- Source
- Abandonment/Non-Perfection
- Other: _____

9. State the changes you think should be made to this claim and why. State the specific grounds and evidence on which the Counterobjection is based. (Use additional paper if necessary.)

DATED this _____ day of _____, 2016.

SIGNATURE OF COUNTEROBJECTOR OR OBJECTOR'S ATTORNEY

(TURN FORM OVER AND COMPLETE OTHER SIDE)

You may NOT file a Counterobjection to another claimant's water right unless your claim(s) were first objected to by that claimant in this decree. Counterobjections are limited to claims included within this decree. *There is no need for you to file a Counterobjection to your own water right claim because you are already a party as a claimant.*

CERTIFICATE OF MAILING:

- ⇒ You **must** mail a copy of this Counterobjection to all of the Owners on the water right.
- ⇒ If there are multiple owners on the claim, you **must** mail a copy of this Counterobjection to **all** of the other Owners listed on the water right.
- ⇒ The Certificate of Mailing **must** be completed and mailed when filing the original Counterobjection with the Montana Water Court.

CERTIFICATE OF MAILING

I, _____, declare under penalty of perjury, that on the ____ day of _____, 2016, I mailed a copy of this Counterobjection, postage prepaid, addressed to the following owner(s):

OWNER	OWNER
STREET ADDRESS OR PO BOX	STREET ADDRESS OR PO BOX
CITY STATE ZIP CODE	CITY STATE ZIP CODE

(Use additional paper if needed for additional owners names & addresses)

YOUR SIGNATURE FOR CERTIFICATE OF MAILING

**Please send this completed original to: Montana Water Court
PO Box 1389
Bozeman, MT 59771-1389**

**Questions? Call the Montana Water Court at 1-800-624-3270 (In-state only) or (406) 586-4364
Fax: (406) 522-4131**

**COUNTEROBJECTIONS MUST BE RECEIVED AT THE WATER COURT
BY 5:00 PM ON JUNE 7, 2016.**