

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

NOTICE OF INTENT TO APPEAR

1. Claim # _____
(One Claim Number Per Form)

2. Source _____

3. County _____

4. Name, Address, and Phone Number of Party Appearing:

Last Name First Name Middle Initial

Street Address or Post Office Box

City State Zip Code Phone/E-mail

5. Name, Address, and Phone Number of Party's Attorney, if any

Last Name First Name Middle Initial

Street Address or Post Office Box

City State Zip Code Phone/E-mail

(TURN FORM OVER AND COMPLETE BACKSIDE)

6. State the changes that you think should be made to this claim and why.

SIGNATURE OF APPEARING PARTY (YOUR NAME)

YOU MUST MAIL A COPY OF THIS NOTICE OF INTENT TO APPEAR TO ALL OF THE OWNER(S) OF THIS WATER RIGHT. COMPLETION OF THE CERTIFICATE OF MAILING, FOUND BELOW, INDICATES TO THE COURT THAT YOU HAVE MAILED A COPY OF THIS NOTICE OF INTENT TO APPEAR TO ALL OF THE OWNER(S) LISTED.

CERTIFICATE OF MAILING

I, _____, do solemnly swear that on the _____ day of _____, 2016, I placed a copy of this Notice of Intent to Appear in the U. S. Mail, postage prepaid. The copy of this Notice of Intent to Appear was mailed to the owner(s) of the water right: *(Use Additional Paper if necessary)*

Name: _____

Name: _____

Address: _____

Address: _____

City & State: _____

City & State: _____

SIGNATURE FOR CERTIFICATE OF MAILING

Please send this completed form to: **Montana Water Court**
PO Box 1389
Bozeman, MT 59771-1389
Phone: (406) 586-4364 Fax: (406) 522-4131
E-mail: watercourt@mt.gov

***THIS FORM MUST BE RECEIVED AND FILED AT
THE MONTANA WATER COURT BY 5:00 PM ON SEPTEMBER 20, 2016.***