## MONTANA WATER COURT, YELLOWSTONE DIVISION SHOSHONE RIVER - BASIN 43N

## NOTICE OF OBJECTION AND REQUEST FOR HEARING

1. Claim #: (One Claim	Number Per Form) <b>2.</b> Cou	nty:							
<b>3.</b> Page number in Decree: <b>4.</b> Source:									
5. Name of Owner(s) to	o whom the water right was	issued:							
6. Objector's Name, Ac	Idress, and Phone Number:	7. Objector's Att	torney name, add	ress, and phone number:					
LAST NAME FIRST NAM	IE MID. INITIAL	LAST NAME	FIRST NAME	MID. INITIAL					
STREET ADDRESS OR PO BOX		STREET ADDRESS OF	R PO BOX						
CITY ( )	STATE ZIP CODE	CITY ( )	STATE	E ZIP CODE					
PHONE NUMBER	E-MAIL	PHONE NUMBER	E-MAI	L					
<b>8.</b> Basis of Objection:									
All Elements		Priority Date							
Flow Rate/Volume		Purpose of Right							
Ownership		Source	-						
Period of Diversion/Period of Use		Abandonment/Non-Perfection							
Place of Use/Maxin	num Acres	Other:							
Point of Diversion/	Means of Diversion								

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_\_, 2014.

SIGNATURE OF OBJECTOR OR OBJECTOR'S ATTORNEY

(TURN FORM OVER AND COMPLETE OTHER SIDE)

- ⇒ You must mail a copy of this Objection to all the Owners on the water right. If you are objecting to your own water right and are the sole owner listed on the water right then you do not need to fill out the Certificate of Mailing.
- $\Rightarrow$  If you are objecting to your own water right and there are multiple owners on the claim you **must** mail a copy of this Objection to all the other Owners listed on your water right.
- ⇒ The Certificate of Mailing **must** be completed and mailed <u>before</u> filing the original Objection with the Water Court.

## **CERTIFICATE OF MAILING**

I,		, declare under penalty of perjury, that on the day of					
	YOUR NAME, 20	014, I mailed a cop	oy of this	objection, pos	stage prepaid, addres	sed to the	
following ow	vner(s):						
OWNER				OWNER			
STREET ADDRESS OR PO BOX				STREET ADDRESS OR PO BOX			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
				SIGNATURE FOI	R CERTIFICATE OF MAIL	ING	
Please send this completed original to:			PO E	tana Water C Box 1389 man, MT 59			
Questions?	Call the Monta Fax: (406) 522		t at 1-8	00-624-3270 (	(In-state only) or (4	406) 586-4364.	

## OBJECTIONS MUST BE RECEIVED AT THE WATER COURT BY 5:00 PM ON JUNE 9, 2014.