



The Montana Department of
**Natural Resources
& Conservation**

**Response to Petition for
Reduction, Modification, or
Revocation of a Provisional Permit**

85-2-313, MCA

Form No. 659 (Revised 01/2026)

FILING FEE

\$ 0

WHEN TO USE THIS FORM

Use this form to respond to a petition for the reduction, modification, or revocation of a provisional permit. Respondents must be a current water right owner of record for the provisional permit subject to the petition. Use one form for each petition for which you are filing a response. Multiple water right co-owners may respond on one form. **This form MUST BE RECEIVED by The Montana Department of Natural Resources and Conservation (DNRC) ON OR BEFORE THE DEADLINE specified in the letter notifying you of this correct and complete petition.**

Submit form to:

Montana Department of Natural Resources and Conservation Water Rights Bureau

PO Box 201601, Helena, MT 59620-1601

1. Respondent information:

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email _____

Note: If there are additional respondents, attach the contact information labeled as Attachment #1.

Contact Person: Respondent Consultant Attorney Other _____

Contact Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____ Email _____

Note: If a contact person is identified as an attorney, all communications will be sent only to the attorney unless the attorney provides written instruction to the contrary. Unless the contact person is an attorney, the water right owner will receive all correspondence, and a copy may be sent to the contact person.

For Department Use Only

Petition # _____ Basin _____

Received By _____ Time _____

Fee Received \$ _____ Check # _____

Deposit Receipt # _____

Payor _____

Refund \$ _____ Date/Time _____



2. Identify how you meet the requirements to file this response:

a. Petition Number.

b. Date of the correct and complete petition letter.

c. Provisional Permit Number. **Note:** You must be an owner of record.

3. If you have facts and arguments that establish that the petition has not proven the required criteria, select the appropriate checkbox for each criterion. You may select up to three.

a. Reduction, modification, or revocation of the provisional permit is necessary to protect the petitioner's existing water right determined in the final decree (85-2-313(3)(d)(i), MCA).

Note: Explain whether you have already reduced or modified your provisional permit since the time of issuance, such as through a change authorization. *Attach all facts and information in response to this criterion, labeled as Attachment #3a.*

b. Based on the findings of the final decree, water could not be considered legally available at the time of issuance of the provisional permit (85-2-313(3)(d)(iii), MCA).

Note: *Attach all facts and information in response to this criterion, labeled as Attachment #3b.*

c. The provisional permit would have been denied or modified if the final decree had been available to DNRC (85-2-313(3)(d)(ii), MCA).

Note: *Attach all facts and information in response to this criterion, labeled as Attachment #3c.*

4. If you have any additional information to share in response to the petition, attach all facts and information in response to this question, labeled as Attachment #4.

Note: This may include any proposal you have for how the provisional permit could be reduced or modified in response to the petition.

Signature(s): If you are represented by counsel, counsel may sign.

I DECLARE UNDER PENALTY OF PERJURY AND UNDER THE LAWS OF THE STATE OF MONTANA THAT THE FOREGOING IS TRUE AND CORRECT.

Respondent Signature _____ Date _____

Printed Name _____

Respondent Signature _____ Date _____

Printed Name _____



CERTIFICATE OF SERVICE

You are required to send a copy of this response by first-class mail to all petitioners.

I hereby certify that I served true and accurate copies of the foregoing response to all petitioners for petition number _____ by depositing said copies into the U.S. mail, postage prepaid, addressed to the following:

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Note: If there are additional petitioners, attach the contact information labeled as Attachment #5.

Signature _____ Date _____

Printed Name _____

