## MONTANA WATER COURT UPPER MISSOURI DIVISION TWO MEDICINE RIVER BASIN 41M INTERLOCUTORY DECREE

## NOTICE OF COUNTEROBJECTION AND REQUEST FOR HEARING

1. Claim #:(One Claim Number Per Form)	2. County:
	4. Source:
5. Name of water right claim owner(s):	
6. Counterobjector's, address, & phone nu	mber: 7. Counterobjector's Attorney, address, & phone number
LAST NAME FIRST NAME MID. INITIAL	LAST NAME FIRST NAME MID. INITIAL
STREET ADDRESS OR PO BOX	STREET ADDRESS OR PO BOX
CITY STATE ZIP CODE	CITY STATE ZIP CODE
PHONE NUMBER E-MAIL	PHONE NUMBER E-MAIL
8. Basis of Counterobjection:	
All Elements	Priority Date
Flow Rate/Volume	Purpose of Right
Ownership	Source
Period of Diversion/Period of Use	Abandonment/Non-Perfection
Place of Use/Maximum Acres	Other:
Point of Diversion/Means of Diversion	n
<b>9.</b> State the changes you think should be ron which the Counterobjection is based. (	made to this claim and why. State the specific grounds and evidence Use additional paper if necessary.)
	DATED this day of, 2024.

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. <u>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</u>.

## **CERTIFICATE OF MAILING:**

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

## **CERTIFICATE OF MAILING**

I,	OUR NAME	, dec	declare under penalty of perjury, that on the day of					
	, 2	2024, I mailed a cop	y of this Coun	terobjection, post	age prepaid,	addressed to the		
following own	er(s):							
OWNER			OWNER					
STREET ADDRESS OR PO BOX			STREET ADDRESS OR PO BOX					
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	<del></del>		
(Use additional p	paper if needed for	or additional owners n	names & address	ses)				
Please send this completed original to:			YOUR SIGNATURE FOR CERTIFICATE OF MAILING  Montana Water Court					
			Duzeman,	IVII 37//I-130	7			
		or	E-mail to watercourt@mt.gov					

Questions? Call the Montana Water Court at 1-800-624-3270 or (406) 586-4364.

COUNTEROBJECTIONS MUST BE FILED WITH THE WATER COURT BY MARCH 26, 2024