

**IN THE WATER COURT OF THE STATE OF MONTANA
UPPER MISSOURI DIVISION
TWO MEDICINE RIVER
BASIN 41M**

NOTICE OF INTENT TO APPEAR

1. Claim # _____
(ONE CLAIM NUMBER PER FORM – CLAIM NUMBER MUST BE LISTED ON THE 41M OBJECTION LIST)

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 _____, 2024, 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 for more names needed)*

Name: _____

Name: _____

Address: _____

Address: _____

City & State: _____

City & State: _____

SIGNATURE FOR CERTIFICATE OF MAILING

Please email this completed form to: watercourt@mt.gov

Or mail to: **Montana Water Court
PO Box 1389
Bozeman, MT 59771-1389**

**The form should be mailed OR e-mailed, not both.
There is no need to e-mail and mail the same form.**

***THIS FORM MUST BE RECEIVED AT
THE MONTANA WATER COURT BY JUNE 4, 2024.***