

**MONTANA WATER COURT, LOWER MISSOURI DIVISION
ROCK CREEK, TRIBUTARY TO MILK RIVER – BASIN 40N**

NOTICE OF INTENT TO APPEAR

- 1. Claim # _____
(ONE CLAIM NUMBER PER FORM – CLAIM NUMBER MUST BE LISTED ON THE 40N 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 _____, 2021, 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)*

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
E-mail: watercourt@mt.gov

***THIS FORM MUST BE RECEIVED AND FILED AT
THE MONTANA WATER COURT BY MAY 28, 2021.***