

Emergency # _____

GPS # _____

Date Rec'd _____

**STATE OF MONTANA
NATURAL STREAMBED AND LAND PRESERVATION ACT
NOTICE OF EMERGENCY
(This is NOT a permit application)**

When emergency action has been taken to safeguard life, property, or crops, the conservation district must receive the following information within 15 days of the activity.

1. Name of Applicant _____

Address _____

City _____ State _____ Zip _____ Phone _____

2. Location of Activity

Name of perennial stream _____ County _____

Location _____ 1/4 _____ 1/4 _____ 1/4 Section _____ T _____ R _____

3. Date emergency action was taken _____

4. Explanation of emergency causing the need for the actions described above.
(Attach additional sheets if necessary)

5. Description of emergency action taken.

6. Signature _____ Date _____