

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 following information must be received by the conservation district within 15 days of the activity.

1. **Applicant Name:** _____
Address: _____
Phone No.: _____ Cell No: _____ Email: _____
2. **Landowner Name** (if different from Applicant): _____
Address: _____
Phone No.: _____ Cell No: _____ Email: _____
3. **Location of Activity:** Stream Name: _____ County: Flathead
Legal Description: Section: _____ Township: _____ Range: _____
Address of Activity: _____
4. **Date emergency action was taken:** _____
5. **Explanation of emergency** causing the need for the actions described below (continue on reverse if more room is needed)

6. **Description of emergency action taken** (continue on reverse if more room is needed)

ATTACH a SITE MAP and PHOTOS

7. **Signature:** _____ **Date:** _____
Printed Name: _____

RETURN TO: Flathead Conservation District, 133 Interstate Lane, Kalispell, MT 59901
Phone: 406-752-4220 Fax: 406-752-4077 www.flatheadcd.org

4. **Explanation** continued:

5. **Description** continued: