MONTANA DEPARTMENT OF AGRICULTURE

REPORT OF INVESTIGATION: APIARY VIOLATIONS (for office use only) Today's Date_____Time_____Received By______
Complainant's Name______Email_____ Beekeeper Business Name: _____ Address: _____ City/Zip_____ Phone_____ Narrative: INCIDENT INFORMATION Incident Location (Legal Description)_____Incident Date_____ Incident Location (GPS in Decimal Degrees)_____ Reason for Complaint _____ COMPLAINTANT INFORMATION Complainant's Site (USA Plants ID Number)____ Bees Present on Complainant's Site? Yes No And in Correct Location (GPS Coordinates from MTPlants)? Yes No LANDOWNER INFORMATION Landowner Name____ Landowner Address Landowner Phone____ INCIDENT SUMMARY: OTHER PERSON(S) Investigative Summary: INVOLVED:(NAME/ADDRESS/PHONE) USA Plants ID # Registered Beekeeper: Yes No Complainant Signature: Date: _____

Inspector Signature:

Date: _____