

**MONTANA DEPARTMENT OF AGRICULTURE  
REPORT OF INVESTIGATION: APIARY VIOLATIONS**

C# \_\_\_\_\_  
(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 \_\_\_\_\_

**COMPLAINANT 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)  
INVOLVED:(NAME/ADDRESS/PHONE)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USA Plants ID # \_\_\_\_\_  
Registered Beekeeper: Yes ☐ No ☐

Complainant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Inspector Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Investigative Summary:**

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