

**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

Investigative Summary:

Complainant Signature: _____

Date: _____

Inspector Signature: _____

Date: _____