

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:

