

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_