DEADLINE EXTENSION REQUEST

Mail form and payment to:

Flathead Reservation Office of the Water Engineer

PO Box 37 Ronan, MT 59864 For questions contact: contact@frwmb.gov or (406) 201-2532 OFFICE of the ENGINEER USE ONLY Use this form to request a deadline extension for your water right application filed pursuant the CSKT-MT Compact Unitary Administration and Management Ordinance (MCA 85-20-1902) and CSKT Ordinance 111-A). Filing Fee: Dependent on circumstance in item 3. Water Right #_____Basin____ Make checks payable to FRWMB. New priority date_____ Date Rec'd _____Time____ **IMPORTANT** Rec'd By _____ Payor The Water Engineer reserves the right to refuse an extension Amount Rec'd without a refund. Check # If an application is extended, the priority date will be adjusted. Receipt # 1. WATER RIGHT OWNER INFORMATION Name(s) Mailing Address _____ State___Zip Cell/Home Phone City Email Address 2. APPLICATION DETAILS Geocode_____ Water Right # What type of water right appropriation are you trying to extend? (60DF, 60SA, 646F, etc.) 3. REQUESTED EXTENSION (Select only one) EXTEND DEADLINE FOR DOMESTIC, STOCK, OR GEOTHERMAL ALLOWANCES • Filing fee of \$65 required. • Must file before the original deadline.

- If approved, this gives you a 6-month extension to your deadline.
- The priority date of your water right will be adjusted.

EXTEND MISSED DEADLINE FOR DOMESTIC, STOCK, OR GEOTHERMAL ALLOWANCES

- Filing fee of \$115 required.
- Must file within 6 months of the missed deadline.
- Check this box if you have already missed your deadline for diversion construction or putting water to beneficial use.
- If approved, this gives you a 6-month extension to your deadline.
- The priority date of your water right will be adjusted.

4. EXPLAIN THE HARDSHIP THAT CAUSED YOU TO MISS YOUR APPLICATION DEADLINE	
5. DECLARATION OF OWNERSHIP ORIGINAL owner signatures are required, copies will	not be accepted.
I declare under penalty and perjury that the statement knowledge, true and correct and affirm that I have pos person with the possessory interest, in the point of div	sessory interest, or the written consent of the
Applicant 1 Printed Name	
Authorized Signature	Date
Applicant 2 Printed Name	
Authorized Signature	_ Date
Applicant 3 Printed Name	
Authorized Signature	Date
Applicant 4 Printed Name	
Authorized Signature	Date