



CLANDESTINE METHAMPHETAMINE INCIDENT REPORT

DATE OF INCIDENT: _____

STREET ADDRESS: _____

CITY: _____ STATE: MT ZIP CODE: _____

COUNTY: _____

MOBILE HOME OR RECREATIONAL VEHICLE: YES NO

NOTES: _____

I certify that I am a public servant pursuant to Montana Code Annotated (MCA) § 7-1-4138, and am making the above report pursuant to MCA § 75-10-1306. I also understand that it is a violation of MCA § 45-7-209 to impersonate a public servant; and that a person committing the offense of impersonating a public servant is subject to fines not to exceed \$5,000 or be imprisoned in the state prison for any term not to exceed five years, or both.

REPORTING OFFICIAL: _____

REPORTING OFFICIAL EMAIL: _____

REPORTING OFFICIAL PHONE NUMBER: _____

REPORTING AGENCY: _____

**Methamphetamine Cleanup Program
Waste and Underground Tank Management Bureau
1520 East Sixth Ave
PO Box 200901
Helena, MT 59620-0901
PH: (406) 444-5300 / FAX: (406) 444-1374
Email: DEQMCP@mt.gov
Website: <http://deq.mt.gov/meth/default.mcp>**