



METHAMPHETAMINE INCIDENT REPORT

LAW ENFORCEMENT USE ONLY

Date of Incident: _____

Physical Address: _____

City: _____ State: MT Zip Code: _____

County: _____

Mobile Home or Recreational Vehicle: YES NO

If yes, provide the Vehicle Identification Number: _____

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: _____

Officials Email: _____

Officials Phone Number: _____

Reporting Agency: _____

Please submit this form by attachment by email to the department or send a hard copy to the below address:

Department of Environmental Quality
Methamphetamine Cleanup Program
PO Box 200901
Helena, MT 59620-0901

Email:
DEQMethCleanupProgram@mt.gov