

SOUTH DAKOTA DEPARTMENT OF AGRICULTURE & NATURAL RESOURCES

523 East Capitol Avenue Pierre, SD 57501-3182 Phone: 605-773-5559 danr.sd.gov

REQUEST FOR WATER DRAINAGE MEDIATION

Send this form and a \$200 filing fee to the address above.

Date:		the address above.	
	Cont	tact:	
Email:			
Mailing Address:		City/State/Zip:	
Primary Phone:	Alternate	Alternate Phone:	
	rty is the: real property owner		
*If additional room is	needed, please use the next page.		
The above named party re	equests mediation with the following:		
Non-Requesting Party:	Contact:		
Email:			
Mailing Address:		City/State/Zip:	
Primary Phone:	Alternate	e Phone:	
*If additional room is	needed, please use the next page.		
Real property location who	ere drainage is occurring:		
County:	Legal Description:		
Driving Directions:			
Third party information (if fill out the information below	any interest in the property is held by a	third party or directly affects a t	hird party, please
	Contact:		
	Ountable		
	Alternate		
•	st and how affected:	<u> </u>	
	ficial newspaper for the county/counties requests for intervention? Yes	where the dispute is located: _	
		Titlo	
ngriature or requesting party.		1106	
	OFFICE USE ONL	Y	Payingd FMC
Case #:	Check #:	Date Received:	Revised 5/19



SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

AGRICULTURAL SERVICES DIVISION

523 East Capitol Avenue Pierre, SD 57501 Phone: 605.773.4432 Fax: 605.773.3481 sdda.sd.gov

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Listing of additional parties affected by the drainage dispute (please check appropriate box to identify party).

Use additional pages if needed.

Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name:		
Email: Mailing Address:		
Primary Phone:		
Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name:		
Email:		
Mailing Address:		
Primary Phone:	Alternate Phone:	
Additional Requesting Party Name:		Other Party Affected
Email:		
Mailing Address:	City/State/Zip:	
Primary Phone:		
	Additional Non-requesting Party	Other Party Affected
Name:		
Email:		
Mailing Address:	•	
Primary Phone:	Alternate Phone:	
Additional Requesting Party Name:	Additional Non-requesting Party Contact:	Other Party Affected
Email:		
Mailing Address:	City/State/Zip:	
Primary Phone:	Alternate Phone:	
Additional Requesting Party	Additional Non-requesting Party	Other Party Affected
Name:	Contact:	
Email:		
Mailing Address:	City/State/Zip:	
Primary Phone:	Alternate Phone:	
Additional Requesting Party Name:	Additional Non-requesting Party	Other Party Affected
Email:		
Mailing Address:		
	Alternate Phone:	_