



STAKEHOLDER CONCERN OR REQUEST FOR CORRECTIVE ACTION

Type of stakeholder: (please check one)

Surface Owner: Mineral/Royalty Owner: Community:

1.	Your contact information	
	Name	
	Street Address	
	City/State/Zip Code	
	County	
	Phone Number	
	Phone Number	
	Fax Number	
Email Address		
Email Address		

2.	Contact information for normal business hours (if different from above)	
	Name	
	Street Address	
	City/State/Zip Code	
	County	
	Phone Number	
	Phone Number	
	Fax Number	
Email Address		
Email Address		

3.	Location of incident or matter of concern	
	Date & Time of Incident or When First Noticed	
	Witness Name	
	Street Address	
	City/State/Zip Code	
	County	
	Phone Number	
	Phone Number	
Email Address		
Email Address		

10.	
	(Stakeholder's signature & date)

Certification

(Optional but encouraged)

I, _____, on oath or affirmation, state that I have read the foregoing and that it is accurate to the best of my knowledge.

(Stakeholder's signature)

Subscribed to and sworn before me

this _____ day

of _____, 20_____