

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					
	Liliali Addi C33					
	2. Contact information for normal business hours (if different from above)					
2.	Contact information for no	ormal business nours (if different from above)				
	Name					
	Street Address					
	Street Address					
	City/State/Zip Code					
	County					
	Phone Number					
	Phone Number					
	Fax Number					
	Email Address					
	Email Address					
<u> </u>						
3.	Location of incident or ma	tter of concern				
]	Location of incident of ind	tter or 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					

4.	Please provide a narrative regarding the incident or matter of concern. (attach pages if necessary)
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5.	Describe any previous contact you have had with the company about this matter; be specific as possible about dates and names.
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6.	Describe the duration and frequency of the alleged concern. Be as specific as you reasonably can about when you first noticed the concern, how frequently it occurs, and whether it is still continuing (include seasons of the year, dates, and times of day if known). State the weather conditions at the time.

7.	7. Describe any bad effects that you believe the alleged concern has or has had on human health plant or animal life, on the environment, on the enjoyment of life or property, or on any busin					
	or activity.					
8.	Describe the relief or corrective action that you seek from the company.					
9.	State whether you are representing (a) yourself as an individual or (b) a company, corporation, or partnership. Also, state whether you are an attorney and, if so, whether you are licensed and registered to practice law in West Virginia.					

10.	
	(Stakeholder's signature & date)

Certification

(Optional but encouraged)

,		_, on oath or affirmation, state				
that I have read the foreg	at I have read the foregoing and that it is accurate to the best of my knowledge.					
		_				
(Stakeholder's signature)						
Subscribed to and sworn I	before me					
this	_ day					
of	20					