

Owner/Operator: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Land location:    Quarter    Section    Township    Range    Meridian    RM#  
 Type of operation: \_\_\_\_\_

Complainant: \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Land location:    Quarter    Section    Township    Range    Meridian    R.M. #

Nature of complaint (use extra pages if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you informed the operator of your complaint? Yes ( ) No ( ) If yes, list dates & places.

\_\_\_\_\_

If the operator was contacted, what action or response did they take? \_\_\_\_\_

\_\_\_\_\_

What action do you believe the operator should or could take? \_\_\_\_\_

\_\_\_\_\_

**I hereby make application to the Agricultural Operations Review Board to determine if my complaint results from a normally accepted agricultural practice and, if not, to recommend what action should be taken to be consistent with a normally accepted agricultural practice. I understand this application for determination will be provided to the owner/operator.**

Dated at \_\_\_\_\_, Saskatchewan,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of applicant

**NOTE:** The application fee is \$107.00 (GST included) for each person signing this complaint. For joint applications, please attach the additional names, addresses and signatures of the other applicants.

Application fee enclosed: \_\_\_\_\_ signatures included X \$107.00 per signature = \$ \_\_\_\_\_

(Make cheque payable to The Minister of Finance)