



My name is Peggy Mason

My address is P.O. Box 1470  
Belgrade, MT 59714

My phone number is: work 406-220-227 Home \_\_\_\_\_

☐ I am an attorney representing \_\_\_\_\_

My name is \_\_\_\_\_

My address is \_\_\_\_\_

My phone number is \_\_\_\_\_

☐ I did not file a Notice of Claim to the use of water in the CSRBA because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☒ I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you must attach a copy of your Notice of Claim.)

Notice of Claim to a Water Right.  
\_\_\_\_\_  
\_\_\_\_\_

A Motion to File Late Notice of Claim will require a hearing before the Presiding Judge.

Follow these instructions regarding the hearing on the motion.

1. Contact the Clerk of the CSRBA Court at (208) 736-3011 to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on \_\_\_\_\_  
(insert date and time)  
at the CSRBA Courthouse, 253 Third Avenue North, Twin Falls, Idaho.

I have attached:

- ☐ A fully completed Notice of Claim (available from IDWR).
- ☒ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. §42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 25.00.
- ☐ A claim filing fee and a late claim fee for those claims other than domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ \_\_\_\_\_.

  
\_\_\_\_\_  
(Signature of person filing motion)

\_\_\_\_\_  
(Attorney signing in representative capacity)

## INSTRUCTIONS FOR MAILING

You must mail the Motion, to the Clerk of the court. **FAX filings will not be accepted.**  
You must also send a copy to all the parties listed below in the Certificate of Mailing.

## CERTIFICATE OF MAILING

I certify that on 8-20, 2024 I mailed the original and copies of this Motion, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court  
Coeur d'Alene-Spokane River Basin Adjudication  
253 Third Avenue North  
PO Box 2707  
Twin Falls, ID 83303-2707

2. Copies to:

IDWR Document Depository  
PO Box 83720  
Boise, ID 83720-0098

United States Department of Justice  
Environment & Nat'l Resources Div  
550 W Fort Street, MSC 033  
Boise, ID 83724

Chief, Natural Resources Division  
Office of Attorney General  
State of Idaho  
PO Box 83720  
Boise, ID 83720-0010

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Signature of Movant or attorney  
mailing on Movant's behalf