



# CITIZEN COMPLAINT AND STATE INSPECTION REQUEST

State Form 50419 (R4 / 2-18)  
INDIANA DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF RECLAMATION

Date (month, day, year): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_

Director  
Division of Reclamation  
14619 W. State Road 48  
Jasonville IN 47438-7056

Dear Director:

I, \_\_\_\_\_ do hereby request a State inspection  
(Name)

of \_\_\_\_\_  
(Mine Name and Permit Number)

pursuant to IC 14-34-15-3 and 312 IAC 25-7-2 for the following reason(s):

I further request that I be allowed to accompany the authorized representative of the Division during the inspection and I hereby waive my right to confidentiality.

Sincerely,

Signature: \_\_\_\_\_