

Mail To: Department of Natural Resources, Division of Water

402 West Washington Street, Room W264 Indianapolis, Indiana 46204-2641 Telephone Number: (317) 232-4160 Toll Free: 1-877-928-3755 Fax Number: (317) 233-4579

www.IN.gov/dnr/water

PUBLIC NOTICE IN CONFORMANCE WITH IC 14-11-4 AND 312 IAC 2-3-3 Personal service was provided on: _____ (mm/dd/yy) ☐ 1st Class Mail service was provided on: ___ (mm/dd/yy) Property Owner (if not applicant or adjacent landowner) I affirm that twenty-one (21) days have passed without the mailing returned as undelivered or undeliverable. Attached is PS Form 3817 as proof of mailing. Address (number and street) ☐ Certified Mail service was provided on: __ (mm/dd/yy) Attached is PS Form 3811 (green card) as proof of mailing. State ZIP Code City Personal service was provided on: (mm/dd/yy) ☐ 1st Class Mail service was provided on: Adjacent Property Owner I affirm that twenty-one (21) days have passed without the mailing returned as undelivered or undeliverable. Attached is PS Form 3817 as proof of mailing. Address (number and street) ☐ Certified Mail service was provided on: (mm/dd/yy) Attached is PS Form 3811 (green card) as proof of mailing. City State ZIP Code Personal service was provided on: __ (mm/dd/yy) ☐ 1st Class Mail service was provided on: (mm/dd/yy) Adjacent Property Owner I affirm that twenty-one (21) days have passed without the mailing returned as undelivered or undeliverable. Attached is PS Form 3817 as proof of mailing. Address (number and street) Certified Mail service was provided on: Attached is PS Form 3811 (green card) as proof of mailing. City State ZIP Code Personal service was provided on: __ (mm/dd/yy) ☐ 1st Class Mail service was provided on: ____ (mm/dd/yy) Adjacent Property Owner I affirm that twenty-one (21) days have passed without the mailing returned as undelivered or undeliverable. Attached is PS Form 3817 as proof of mailing. Address (number and street) Certified Mail service was provided on: Attached is PS Form 3811 (green card) as proof of mailing. Citv ZIP Code Personal service was provided on: ___ 1st Class Mail service was provided on: (mm/dd/yy) Adjacent Property Owner I affirm that twenty-one (21) days have passed without the mailing returned as undelivered or undeliverable. Attached is PS Form 3817 as proof of mailing. Address (number and street) Certified Mail service was provided on: (mm/dd/yy) Attached is PS Form 3811 (green card) as proof of mailing.

I hereby swear or affirm, under the penalties of perjury, that the aforementioned statements submitted herewith are to the best of my knowledge and belief, true, accurate and complete, and that the property owner(s), and adjoining landowners have been notified of the activity in conformance with the provisions of 312 IAC 2-3-3.

ZIP Code

City

State

Application number	Signature	Date (mm/dd/yy)
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