



Minnesota Statute 103F.48
Buffer Complaint Form

Date: _____

Name of Person Issuing Complaint: _____

Phone Number: _____

Location of Tract with Buffer Complaint (Landowners Name If known): _____

Description of Land or Water affected by the Buffer Complaint: _____

Description of the Nature of the Buffer Complaint _____

This Buffer complaint form was delivered to Kandiyohi SWCD on: _____

For Kandiyohi Soil and Water Conservation Staff:

Reviewed By _____ Date of Review _____

Buffer Compliance Action Plan: _____

Land Owner Follow Up Date & Notes: _____
