

Date: _____

ROYALTY OWNER COMPLAINT FORM

concerning a payment a making payment must reforty-five (45) days after	and the request is made be espond to the request by the request is received. I mation to his/her question as Commission.	y certified mail with certified mail with r f a royalty interest of	rmation or answers to questions return receipt requested, the party eturn receipt requested not later than owner fails to receive an answer to st owner may file a complaint with
Section:	Township:	Range:	County:
			Well No.:
Party Making Payment:			
Information Requested:			
Date of Request:			
Date Information Was D	ue:		

Please submit copies of any correspondence you have sent, or received concerning this matter, in order for the Commission to more effectively protect your interest.

OIL AND GAS COMMISSION

Royalty Owner Complaint Form

Person Filing Complaint:	
Address:	
City:	State:Zip:
Phone:	
	Signature:
	Printed Name:

Submit form and copies of correspondence to:

Director's Office Oil and Gas Commission 5301 Northshore Dr. North Little Rock, AR 72118

OIL AND GAS COMMISSION

Royalty Owner Complaint Form

Additional Information:				