



**FORM A - APPLICATION FOR DUST CONTROL**  
(Please Print)

Name/Organization: \_\_\_\_\_

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

Telephone: Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Info: \_\_\_\_\_

Legal land description of where the Dust Control is to be applied: \_\_\_\_\_

Requested distance of Dust Control application: \_\_\_\_\_

***Dates of dust control applications will be dependant on weather and road conditions.***

Comments or further location description: \_\_\_\_\_

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

I (We) agree to the following terms and conditions:

- 1) Dust Control services at the rate(s) prescribed by the RM for Dust Control at the time the work is completed.
- 2) Payment will be made within thirty (30) days of the date of the invoice being issued by the RM for the specified Dust Control.
- 3) Any Dust Control services may be subject to a charge at a rate determined by the RM.
- 4) Dust Control measures are intended to mitigate dust, it does not eliminate dust completely.
- 5) Dust Control products effectiveness can be affected over time due to traffic, weather, and other factors at no fault of the RM.
- 6) The RM must receive notice of cancellation 48 hours prior to the scheduled start of the Dust Control service. If such notice is not provided the applicant will be responsible for the costs incurred by the RM due to the cancellation.

**Failure to comply with the above may result in loss of future RM Dust Control services.**



**Dust Control Application must be submitted by April 15<sup>th</sup>.**

Requested and Agreed by: \_\_\_\_\_  
*(Signature)*

Date: \_\_\_\_\_

**To be filled out by Public Works Manager**

**Current Rate:** \_\_\_\_\_ **x Distance Requested** \_\_\_\_\_ = \$ \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_