

Application for Dust Control Product

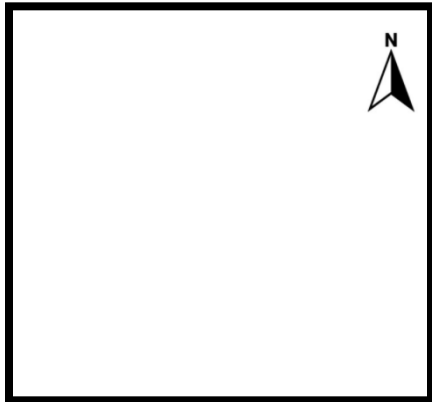


1. Applicant Information:

- a) Name: _____
- b) Address: _____ Postal Code: _____
- c) Cell Phone: _____
- d) Email: _____

LEGAL LAND LOCATION: QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ W3

Requested length of dust control application _____



Please provide a sketch of the location and distance requiring dust control product in the diagram beside, or attach a drawing if required.

I hereby request the application of dust control material to be applied on the road adjacent to my property listed above. I agree to pay for the supply and delivery of the materials to the site for the single application. I acknowledge that the materials are charged at cost plus any applicable taxes. I acknowledge that the custom work required to prepare the road for application is free of charge to ratepayers.

I acknowledge that dust control is only an aid and not a solution to dust problems. The effectiveness of the dust control depends on many factors such as weather, road conditions and traffic volume on the road. The RM does not guarantee the effectiveness of the dust control- no refunds will be made.

I acknowledge the RM will grade the road surface where the dust control has been applied should the surface develop potholes, washboard, ruts or if other road damage exists and this may render the dust control ineffective.

By signing this agreement, I understand that it is my responsibility to abide by the above regulations and pay all affiliated costs to the RM of Glen McPherson No. 46.

X _____
Applicant Signature

Date

SUBMIT COMPLETED FORM TO RM OF GLEN McPHERSON No. 46

EMAIL: RM46.GMCPHERSON@GMAIL.COM FAX: 306.478-2606

FOR OFFICE USE ONLY:

Accepted by the RM of Glen McPherson _____
Administrator

Date