

DUST CONTROL APPLICATION

Name: _____ Emergency Number: _____

Address: _____

Phone: _____ Cell: _____

Dust control to be applied at:

_____ SEC. _____ TWP _____ RG _____ W5M

Mark location of building, approaches and where dust control is required. 200 Meters per application on map below:

FOR COUNTY USE ONLY

Actual length: _____ Meters

Area same as requested

Date of Application:

Application Confirmation:

Print Name

Fee Paid: _____ Receipt No. _____ Date: _____

By signing below I do hereby acknowledge and agree to the following conditions:

- The County reserves the right to maintain or rework the application as required for safety and rideability.***
- Woodlands County does not in any way guarantee effectiveness of the dust control agent. Once the agent has been applied, no refunds will be made.***
- The first 200 meters is \$150.00 plus GST, additional dust control will be charged for at actual costs.***

Signature

Date

This information is being collected in accordance with Section 33 (c) of the Freedom of Information and Protection of Privacy Act and is being collected for the purpose of scheduling the application of dust control product to those residents who have requested the service. Our freedom of Information and Privacy Act Coordinator is available to answer any questions you may have pertaining to the collection and use of the information herein and may be contacted at 778-8400.