

APPLICATION FOR DUST CONTROL PRODUCT



First Name		Last Name	
Company Name (if applicable)			
Home/Business Phone Number	Cell Phone Number	Fax Number	
E-mail Address			
Mailing Address			
City	Province	Postal Code	

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

Quarter:	Section:	Township:	Range:	Meridian:

Extended Legal

Civic Address /
Road Name

I hereby request the application of the appropriate dust control material adjacent to my property listed above for the control of dust. I agree to pay for the supply of the materials and delivery of the materials to the site for the single application. Cost of the application is \$1,000.00 /150 metres plus GST & PST (500 feet). Additional dust control can be provided, the cost is \$334.00 plus GST & PST for every 50-meter addition. Full payment is required at the time of application.

Applicant Signature	Date

FOR OFFICE USE ONLY

Payment made in Full: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date Paid:	Receipt Number:
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