

APPLICATION FOR DUST CONTROL PRODUCT (2024)



| | | | |
|------------------------------|-------------------|-------------|--|
| 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.

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|----------|----------|-----------|--------|-----------|
| 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.

The cost of dust control is \$1,334.82 plus GST & PST will include 150 meters of application.

Additional dust control can be purchased at a cost of \$657.22 plus GST & PST for every 50-meter addition.

Full payment is required at the time of application.

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|---------------------|------|
| | |
| Applicant Signature | Date |

FOR OFFICE USE ONLY

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