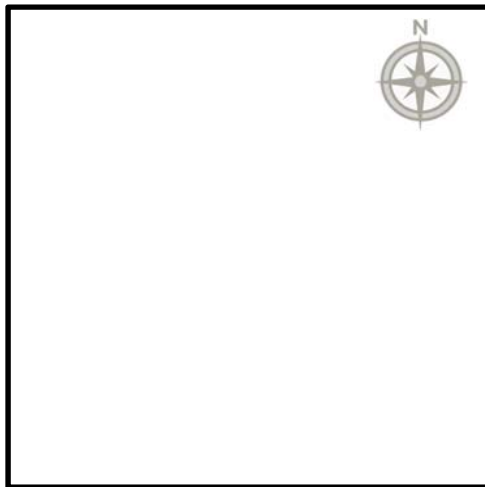


APPLICATION FOR DUST CONTROL PRODUCT



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 \$700.00 /150 metres (500 feet). A \$500.00 deposit is required prior to application, and once the dust control product has been applied I will be required to pay the remainder of the actual cost of applying the dust control product.

Applicant Signature	Date

FOR OFFICE USE ONLY

Approved: YES <input type="checkbox"/> NO <input type="checkbox"/>	Deposit Paid: YES <input type="checkbox"/> NO <input type="checkbox"/>	Receipt Number:
Signature:	Date:	Total to be Paid Upon Completion: