

R.M. OF EXCEL NO. 71

Application for Dust Control Product



APPLICATION DEADLINE: MARCH 31st

Applicant Information:

- a) Name: _____
- a) Address: _____ Postal Code: _____
- b) Telephone Number: _____ Cell phone: _____
- c) Email: _____

LEGAL LAND LOCATION: QUARTER: _____ SECTION: _____ TOWNSHIP: _____ RANGE: _____ W2



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

Distance in metres _____.

Requested for the _____ season.
(year)

I hereby request the application of dust control material be applied on the municipal 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. The only road grading free of charge where dust control product is applied will be in the fall of the corresponding year when the graders are out preparing all roads for winter. The work performed by the R.M. of Excel No. 71's road crew to prepare the road for application of dust control material will not be charged to the applicant.

I acknowledge that applying dust control is not a continuous program and I understand if I want to apply dust control in future years, I must notify the R.M. of Excel No. 71 by March 31st for the following season. I also 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 R.M. of Excel No. 71 does not guarantee the effectiveness of the dust control. No refunds will be made.

I acknowledge that potholes, washboard, ruts, or other road damage may occur in locations where dust control material has been applied, that should this occur the R.M. of Excel No. 71 will grade, etc. the road surface and that this may render the dust control ineffective. As stated above, the costs for such work will be charged to the applicant signed on this agreement.

By signing this agreement, I understand that it is my responsibility to abide by the above regulations and pay all affiliated costs to the R.M. of Excel No. 71.

Applicant Signature

Date

FOR OFFICE USE ONLY:

Accepted by the R.M. of Excel No. 71 _____
Administrator Date

SUBMIT COMPLETED FORM TO: R.M. OF EXCEL NO. 71 EMAIL: RM71.EXCEL@GMAIL.COM FAX: 306.268.4547