



COUNTY OF WETASKIWIN NO. 10

Box 6960, Wetaskiwin, AB T9A 2G5 243019A HWY 13 Phone: 780-352-3321

DUST CONTROL APPLICATION

APPLICATION DEADLINE: June 1st (of each calendar year)

I, the undersigned, hereby apply to the County of Wetaskiwin No. 10 for an application of Dust Control for the purposes of controlling dust along a local road adjacent to the land described below.

I hereby acknowledge that I have been advised of and agree with the following:

1. I agree to prepay a rate of \$4.00 per lineal metre (plus GST) which is a subsidized rate. If a late application is approved (i.e. post June 1), the fee shall be \$6.50 per lineal metre (plus GST), a non-subsidized rate. The standard distance for dust control shall be one hundred metres (100 m) and may be increased or reduced.
2. I agree to clearly stake out the portion of road that I wish treated with dust control product. Should the total length staked by the applicant exceed the pre-paid length, the County shall at its discretion, determine the placement of the dust control product without further notification to the applicant.
3. I agree that this payment entitles me to only one (1) application and a re-treatment of the dust control area may be requested by the applicant, however re-treatments shall be charged at \$6.50 per lineal metre which is a non-subsidized rate.
4. I acknowledge that the application will be carried out at the discretion of the Director, Public Works, and understand that all work will be carried out as time and resources permit. Further, that this application does not guarantee an application within a specified time frame. Dust control services shall only be offered during the period of June 1 to September 1 of each calendar year.
5. I acknowledge that the Director of Public Works or his designate, reserve the right to blade and maintain those portions of roadway that have received dust control product if in his opinion, the road surface is no longer safe for the travelling public. In this event, the resident shall not receive reimbursement or replacement of the dust control product.
6. I hereby remise, release and forever discharge the County, its officers, contractors, agents, servants, successors and assigns of and from all manner of actions, causes of actions, suits, debts, dues, accounts, covenants, contracts, claims and demands whatsoever which I shall or may have by reason of any cause, matter or thing, whatsoever, and without limiting the generality of the foregoing, from all claims for damages arising in any way whatsoever from the application of dust control material as described herein.
7. The County of Wetaskiwin No. 10 will supply two (2) flags. It is the responsibility of the landowner to place the flags in accordance with the amount of dust control purchased.

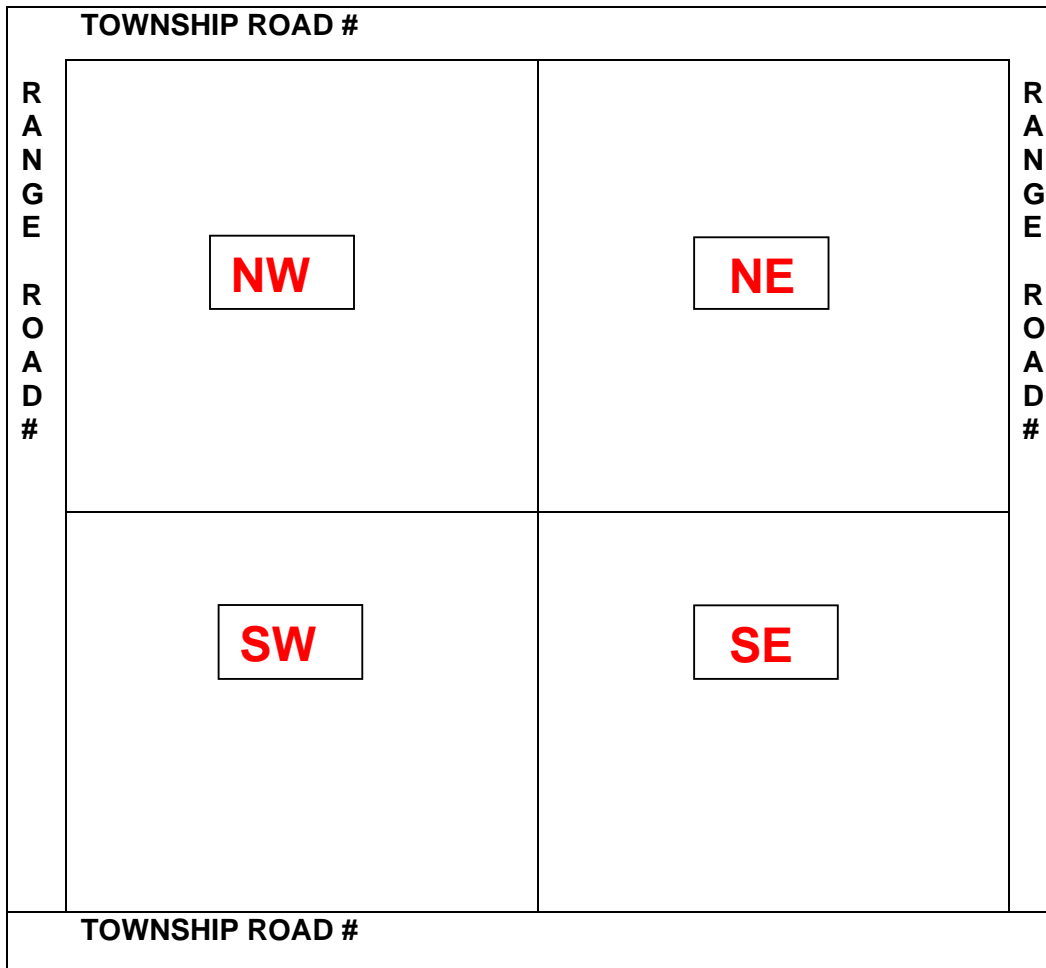
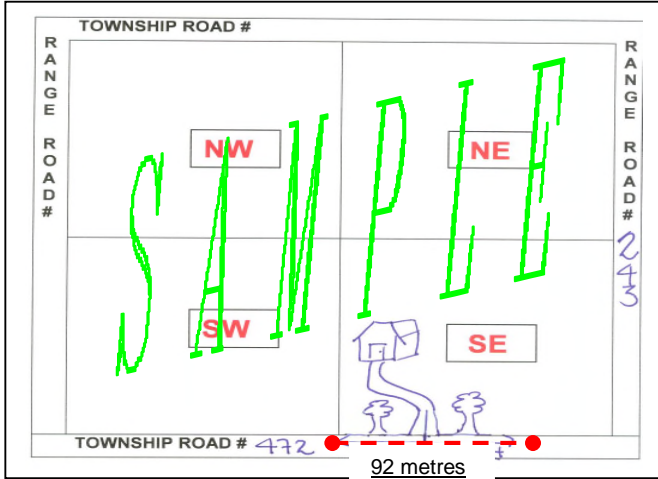
NAME: (PLEASE PRINT)	DATE:	
MAILING ADDRESS:	RECEIPT #:	
	If payment is made through On-line Banking or OptionPay Enter Confirmation # / Transaction ID # _____	
PHONE NUMBER: _____		
LEGAL LAND DESCRIPTION: NW or NE _____ W _____ M SW SE Section Township Range	Rural Address: _____ (Blue Sign)	
SUBDIVISION NAME: _____	REQUIRED DISTANCE: _____ metres x \$4.00/m x 5% GST = \$ _____	
LOT: _____ BLOCK: _____		
SIGNATURE:	(After June 1) _____ metres x \$6.50/m x 5% GST = \$ _____	
	DATE WORK COMPLETED:	

Collection of Personal Information:

The personal information on this form is collected under the authority of Section 32 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The information will be used to process your application(s) and your name and address may be included on reports that are available to the public. If you have any questions on the collection and use of this information, please contact the FOIP Coordinator at (780) 352-3321.



SAMPLE ONLY:



Please indicate your legal address, location of your home, approaches, Township and Range Roads, arrows indicating area where dust control is to be applied.

I agree to accept the placement of the dust control as per the map location provided.
 If no map is provided, I agree to accept the placement at the discretion of the County of Wetaskiwin.

 Initials

The more information that you can provide on this form, the better job we can do for you.
 Thank You for co-operation.