



Rural Municipality of
Wheatlands
 No. 163

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	

Quarter:	Section:	Township:	Range:	Meridian:

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 50 % of the total cost for the supply of the materials and delivery of the materials to the site for the single application of 150 metres (500 feet). Applications to be received no later than **April 29th** of each fiscal year.

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Applicant Signature

Date

FOR OFFICE USE ONLY

Approved: YES NO	Receipt Number:	
Signature:	Date:	Total to be Paid Upon Completion: