



SCHEDULE A

APPLICATION NO: _____

County of Northern Lights

APPLICATION FOR DUST CONTROL - RESIDENCE

NAME: _____

ADDRESS: _____

Phone No. Res: _____ Bus: _____

Email Address _____

LEGAL DESCRIPTION: _____ RURAL: _____

THE APPLICANT AGREES TO THE FOLLOWING:

1. The primary dust control agent to be used is calcium chloride.
2. That a 200-meter strip of road in front of the residence will be treated with the dust control agent.
3. That **only one treatment** of calcium chloride will be made in respect of this Agreement.
4. The County of Northern Lights does not guarantee the effectiveness of the dust control agent. Once the agent has been applied to the road surface **no refunds** will be made.
5. That a fee of \$700.00 (GST exempt) must accompany this application. ALL payments must be made prior to application deadline. The County **does not invoice** for Dust Control.
6. The information given on this form is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for dust control.

SIGNATURE OF APPLICANT

DATE

All applications and fees should be submitted by May 3rd at 4:30 p.m. to:

County of Northern Lights
600 – 7th Ave NW, PO Box 10
Manning, AB T0H 2M0

NO LATE APPLICATIONS WILL BE ACCEPTED