Mountain View County
2024 Residential Dust Suppression Application (Late Summer)
(Please print clearly/legibly and provide all the required information)
Applications will only be accepted from those that received the spring calcium application
Application Deadline: **August 16, 2024 at 12:00 (Noon)**

Name of Applicant _____

Mailing Address _____

Phone Number(s) _____

Legal Land Description _____

Length of Dust Control Requested in meters (200m minimum)_____

Emergency Rural Address (include Twp Rd or Rge Rd) _____

Phone call required prior to application _____

Provide a description of calcium placement _____

_____

I/We, the undersigned, hereby make application for dust suppression treatment (calcium) to be applied on the municipal road adjacent to my/our residence. I/We, the undersigned, acknowledge and accept the following terms and conditions related to this service:

1. That a 200-meter section of roadway in from of my/our residence shall be treated with dust suppression at a rate of 2L/M^2 for a fee of **$304 (plus GST)**.
2. Should I/we require an excess of 200 meters, I/we will be charged an additional **$1.52 per meter (plus GST)** and I/we will indicate the length required in the space provided above.
3. Mountain View County reserves the right to maintain the treated section of roadway as deemed necessary and, further, to return the roadway to its original condition at such time as determined by the County, its employees, or agents.
4. Either party may cancel this agreement prior to the commencement of dust suppressing, provided written notice has been provided to the other party.
5. Mountain View County does not guarantee the effectiveness of the dust suppression agent.
6. Agree to payment terms: Net 30 days. Interest charge of 1.5% per month will be added on accounts that remain unpaid after 30 days from date of invoice.

_____   _____
Signature of Applicant   *Date*

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA	
200 meters **($304)**	$_____
Additional meters _____@ **$1.52/meter**	$_____
GST	$_____
TOTAL INVOICE AMOUNT	$_____
Accounts Receivable Confirmation (tax, etc.)	YES ☐ NO ☐

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