



Dust Mitigation Order Form

FALL Application – Deadline is August 15th

Cost of dust mitigation is **\$2.50 per lineal foot per application**. If the applicant elects to have a second application completed an additional form must be submitted. The minimum length of application is 400 feet (121.9 meters).

PLEASE NOTE THAT THIS ORDER FORM IS TO APPLY FOR THE APPLICATION TO BE DONE IN THE FALL (LATE AUGUST).

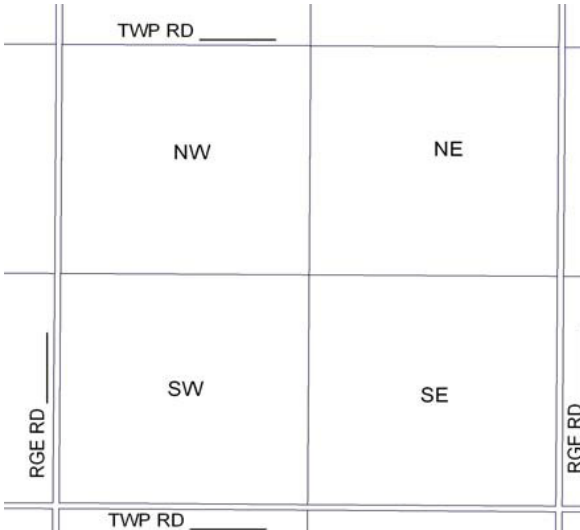
DISCLAIMER: There is no guarantee as to the lifespan of the dust mitigation product applied. The safety and driveability of the road is top priority. This area will be graded as deemed necessary by the M.D. of Willow Creek.

APPLICANT: _____ LANDOWNER: _____
(IF LANDOWNER NAME IS DIFFERENT FROM APPLICANT NAME, OR IF PROPERTY IS IN A CORPORATE NAME – PLEASE PROVIDE BOTH AND PRINT LEGIBLY)

LEGAL LAND DESCRIPTION: _____ 1/4 _____ SEC _____ TWP _____ RGE W4M

RURAL ADDRESS: _____ MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

<p>DIAGRAM FOR LOCATION OF APPROXIMATE DISTANCES FROM APPROACH FOR APPLICATION:</p> <div style="text-align: center;"></div>	<p>DISTANCE OF APPLICATION: _____ FEET</p> <div style="border: 1px solid black; padding: 10px; margin-top: 20px;"><p><u>IMPORTANT:</u></p><p>DRAW LOCATION OF THE APPLICATION AND THE ENTRANCE, AS WELL AS ANY OTHER IDENTIFYING STRUCTURES</p><p>FORM MUST BE FULLY COMPLETED PRIOR TO MATERIAL BEING APPLIED</p></div>
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By submitting this order form the applicant agrees to pay to the Municipal District of Willow Creek all applicable charges herein. **If Municipal Council pass a Resolution to amend any aspect of the Dust Control Policy (320-06), including price, the applicant will be contacted and made aware of changes or termination of contract.** The applicant also agrees that any and all applicable charges will be applied to the property tax account of the above described legal land description and/or rural address that remains unpaid after 90 days. If the applicant is not listed as the landowner on the Tax Roll, the landowner must also sign this document.

DATE: _____ SIGNATURE OF LANDOWNER: _____

Municipal District of Willow Creek
RETURN FAX – 403-625-3886
Email: Eric@mdwillowcreek.com

SIGNED BY: _____
(PLEASE PRINT)

QUESTIONS? PLEASE CALL THE OFFICE AT 403-625-3351