



2025 DUST CONTROL APPLICATION FORM

TO BE COMPLETED BY APPLICANT:

NAME OF APPLICANT/OWNER: _____

CIVIC ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____

(MINIMUM 100 METRE ORDER ON APPLICATION)

_____ Metres x \$2.60 per linear metre = _____ x 5% GST, Total = _____

APPLICANT SIGNATURE: _____

Application Instructions/Map of Area:

TO BE COMPLETED BY MUNICIPAL OFFICE:

PAYMENT RECEIVED \$ _____ RECEIVED BY: _____

RECEIPT NO: _____ DATE: _____