



2022 DUST CONTROL APPLICATION FORM

TO BE COMPLETED BY APPLICANT:

NAME OF APPLICANT/OWNER: _____

MAILING ADDRESS: _____

HOME PHONE NO: _____

DAY TIME CONTACT NO: _____

LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____

LEGAL: LOT _____ BLOCK _____ PLAN _____

CIVIC ADDRESS: _____

(Minimum 100 metre order on application)

_____ Metres x \$2.45 per linear metre = _____ x 5% GST, Total = _____

APPLICANT SIGNATURE: _____

TO BE COMPLETED BY MUNICIPAL OFFICE:

PAYMENT/DEPOSIT RECEIVED \$ _____

RECEIPT NO: _____

DATE: _____

RECEIVED BY: _____