

SCHEDULE A

APPLICATION NO: _____

Municipal District of Northern Lights No.22

APPLICATION FOR DUST CONTROL - RESIDENCE

NAME: _____

ADDRESS: _____

Phone No. Res: _____ Bus: _____

LEGAL DESCRIPTION:

PLAN # _____ BLOCK # _____ LOT # _____

HAMLET OF _____

DISTANCE OF THE RESIDENCE FROM CENTER LINE OF ROAD: _____

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 MDNL#22 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 \$600.00 must accompany this application.
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 April 30th to:

**Municipal District of
Northern Lights No.22
PO Box 10
MANNING AB T0H 2M0**