



Application for Clay County Dust Control

Please fill out and return this form to **Glacier Dust Control** by **May 1, 2020** if you wish to participate in the 2020 Dust Control Program. Applications received after **May 1st**, will not be accepted. If you live on a Township Road and wish to participate in the program, please contact one of your Township Officials so they are aware of your dust application in the event they will be placing new gravel over your location.

Name: _____

Billing Address: _____

E-mail Address: _____

Address of location you would like dust control, if it is other than the billing address:

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Footage requested: _____ x 0.60 = _____ Gallons.

_____ Gallons x \$1.28 = _____ Dollars.

Applicant Action Items:

-  **Mark with lath the location you want sprayed.**
-  **Please measure the footage requested as accurate as possible. This amount will be applied regardless of the distance your laths are apart.**
-  **Please leave the lath in place all year for the road maintenance personnel.**

By signing this application, the applicant acknowledges receipt of and agrees to the terms of the Clay County Dust Control Policy. The applicant further agrees to submit payment of the above amount with this application to Glacier Dust Control.

Signature: _____

Glacier Dust Control
PO Box 815
Moorhead, MN 56560
Phone: (701) 238-0307