



PO Box 815  
Moorhead, MN 56561  
Phone: (701) 238-0307  
don@glacierdustcontrol.com

## 2023 Application for Clay County Dust Control

Please fill out and return this form to **Glacier Dust Control** by **May 17<sup>th</sup>** if you wish to participate in the 2023 Dust Control Program. Applications received after **May 17<sup>th</sup>** 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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Footage requested: \_\_\_\_\_ x \$0.936 = \_\_\_\_\_ Dollars

### Applicant Action Items:

-  **Mark with lath the location you want sprayed.**
-  **Please measure the footage requested (minimum 300') 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.**
-  **Submit payment by check or credit card.**

### **Credit Card Payment:**

Cardholder First Name: \_\_\_\_\_ Cardholder Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Amount: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

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: \_\_\_\_\_