



De Salaberry

Municipality/Municipalité

Dust Suppressant Application

Name of Applicant: _____

RURAL ADDRESS (blue sign address): _____

(This is the location the field crew will use to place your dust suppressant. Please ensure it is correct. As well, all applications need to have a map of the road indicating where dust suppressant is wanted. Applications without this information will not be accepted).

Mailing Address: _____

Phone Number: _____

Length of Dust Suppressant Requested: 200 feet Additional feet _____

OFFICE USE: 200 FEET \$ _____ (PLUS ADDITIONAL _____ FEET X \$ _____ /foot EQUALS \$ _____) TOTAL COST \$ _____
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THE APPLICANT HEREBY AGREES TO THE FOLLOWING

1. That the dust suppressant agent to be used shall be at the discretion of the R.M.
2. The R.M. does not guarantee that the dust suppressant agent will be effective to eliminate dust, but only to suppress it. Dust suppressant spots will be maintained at the R.M.'s discretion.
3. A 200 feet strip of road adjacent to the resident's road approach/driveway shall be treated with the dust suppressant agent. **The Rural Municipality of De Salaberry will determine the final placement of the dust suppressant agent.**
4. A new application form is required for each application that is requested seasonally. **The applicable fee (GST included) per residence must be paid prior to the R.M. applying the dust suppressant. Cheque, cash, or debit in the appropriate amount must be submitted with this application.**
5. Any additional length over 200 feet of dust suppressant will be charged at the **actual municipal cost** unless covered by the policy or Council resolution. The applicant shall pay this amount in its entirety at the time of application.
6. Dust suppressant application on road surfaces will take place depending on product availability.
7. I own the property and/or am an authorized agent adjacent to the road that I have applied for the application of the dust suppressant agent.
8. I acknowledge and agree that the use of dust suppressant agents may impact soil, groundwater and vegetation in, on or under my property.
9. I hereby release the R.M. and its employees, agents, Councilors and contractors (the "R.M. Parties") from any and all liability, claims demands, actions and causes of action from any claims, losses, damages, injury or illness of any nature arising out of or relating to the dust suppressant agent, the application of the dust suppressant agent including, without limitations any impacts on soil, groundwater or vegetation in, on or under my property.
10. I agree to indemnify, save and hold harmless the R.M. Parties from and against any and all claims of any nature, including all costs, expenses and liabilities arising out of or relating to the application of the dust suppressant agent.

SIGNATURE OF APPLICANT

DATE