



**2018 BREMER COUNTY
APPLICATION FOR DUST SUPPRESSION
LIQUIDOW™ Calcium Chloride**

Complete the information below:	
Name:	
Application Address:	
Mailing Address:	
City, ST, Zip	
Township/Section	Township: _____ Section: _____
Telephone No.	
Alternate Ph. No.	
Email Address:	

PLEASE COMPLETE THE INFORMATION BELOW & SELECT PAYMENT OPTION: <i>NOTE: Your check will not be deposited or your credit card charged until the 1st application has been applied</i>																						
\$430.00 for 400' x 20' - sales tax included additional footage may be added in 100' increments for \$107.50/100'																						
ENTER FOOTAGE & AMOUNT:	DESIRED FOOTAGE:	\$ AMOUNT:																				
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <i>(Please complete the information below.)</i>		<input type="checkbox"/> Check # _____ <i>Payable to Jerico Services, Inc.</i>																				
CARDHOLDER'S NAME:																						
CARDHOLDER'S PHONE NO.	() - - - - -																					
CARD NUMBER:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																					
EXPIRATION DATE: <small>(MMYY)</small>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																					SECURITY CODE: <small>(Located on back of card)</small>

<input checked="checked" type="checkbox"/>	Sign-up deadline: APRIL 27TH
<input type="checkbox"/>	Complete the following:
<input type="checkbox"/>	Jerico Services' application.
<input type="checkbox"/>	Bremer County's permit. <i>(Jerico Services will forward to Bremer County Engineer's office.)</i>
<input type="checkbox"/>	Return ALL of the above to: Jerico Services, Inc. P. O. Box 607 Indianola, IA 50125-0607
<input type="checkbox"/>	Flag your spot by APRIL 27TH and keep flags visible until October 5th.

Check here if you have indicated any special instructions on the back.

In accordance with the Code of Iowa, Bremer County has jurisdiction for the maintenance of the secondary road system. The application and maintenance of chemicals on crushed rock surfaced roads for the purpose of controlling dust shall be by permit only and subject to the following specifications and conditions:

1. **DEADLINE FOR SIGN-UP IS APRIL 27th. There will be no grace period. Any permits received after the deadline will be assessed a late fee of \$25.00.**
2. To maintain flags identifying the outer limits of the area to be treated with **Liquidow™ Calcium Chloride**. Failure to identify the treated area may result in your dust control being bladed through. Neither the county nor Jerico Services, Inc. assumes any liability if your flags are not in place.
3. If your flags are not visible we will center your application on your house.
4. This permit expires **October 5th, 2018** so the area can be prepared prior to winter.
5. This agreement is limited to **two** treatments only of calcium chloride.

I have read the terms of this permit and I am in agreement with them.
Please sign and date both the application and permit enclosed.

Date: _____ Applicant's Signature _____