

DUST CONTROL SIGN-UP SHEET

- DUST CONTROL AREA MUST BE CLEARLY FLAGGED OR STAKED.
- IT WILL BE AT THE DRIVER'S DISCRETION IF THE AREA IS NOT CLEARLY VISIBLE.
- APPLICATION WILL DEPEND ON THE BLADE OPERATOR'S SCHEDULE.

Name: _____ Day Time Phone #: _____

Address: _____

City, State, Zip: _____

County: _____ Township: _____ Section: _____

Check one: County Road ____ Township Road ____ Private ____

Number of feet requested (200 ft minimum): _____

Please X **ONLY** one:

1 Application \$.80/Ft Width- 12-16 Ft _____

2 Applications \$1.10/Ft Width-12-16 Ft _____

1 Application \$1.00/Ft Width-16-20 Ft _____

2 Applications \$1.40/Ft Width-16-20 Ft _____

Parking lots and driveways will be on a per gallon basis and need to be measured for pricing!

Your Road Graders name and phone # _____ (____)-____-____

Special instructions or directions: _____

Sign ups can be mailed or emailed to: kristina@freeborncountycoop.com

IMPORTANT: If you do not have an account with us, a membership application must be filled out before dust control is applied.