

**DUST CONTROL
SIGN-UP SHEET**

- **DUST CONTROL AREA MUST BE FLAGGED OR STAKED.**

- **IT WILL BE AT THE DRIVER'S DISCRETION IF THE AREA IS NOT CLEARLY VISIBLE.**

- **APPLICATION WILL DEPEND ON THE BLADE OPERATORS SCHEDULE.**

Name: _____ Day Time Phone # _____

Address: _____

City, State, Zip: _____

County: _____ Township: _____ Section: _____

Check one: County road ____ Township road ____ Private ____

Number of feet requested: _____

Please X **ONLY** one:

1 Application \$.60/Ft Width- 12-16 Ft _____

2 Applications \$.90/Ft Width-12-16 Ft _____

1 Application \$.80/Ft Width-16-20 Ft _____

2 Applications \$1.20/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 # _____ - -

Date: _____

Special instructions or directions: _____

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