



Municipal District of Taber - 2021 Dust Suppression Order Form



FALL Application – Deadline August 15, 2021

COST OF DUST SUPPRESSANT APPLICATION IS \$1.25 PER LINEAL FOOT PER APPLICATION. IF THE DESIGNATE ELECTS TO HAVE A SECOND APPLICATION DONE AN ADDITIONAL FORM MUST BE FILLED IN AND THE SECOND APPLICATION WILL ALSO BE AT A COST OF \$1.25 PER LINEAL FOOT. THE MINIMUM LENGTH OF APPLICATION WILL BE FOR 400 FEET (120 METERS).

PLEASE NOTE THAT THIS ORDER FORM IS TO APPLY FOR THE APPLICATION TO BE DONE IN THE EARLY FALL (MID TO LATE AUGUST).

DISCLAIMER: THERE IS NO GUARANTEE AS TO THE LIFESPAN OF THE DUST SUPPRESSION PRODUCT APPLIED. THE DRIVEABILITY AND SAFETY OF THE ROAD WILL TAKE TOP PRIORITY. THE ROAD WILL BE GRADED AS DEEMED NECESSARY BY THE GRADERMAN OR HIS SUPERVISOR WHEN WEATHER CONDITIONS ARE SUITABLE.

APPLICANT: _____ LANDOWNER: _____
(IF LANDOWNER NAME IS DIFFERENT FROM APPLICANT NAME, OR IF PROPERTY IS IN A CORPORATE NAME – PLEASE PROVIDE BOTH AND PRINT LEGIBLY)

LEGAL LAND DESCRIPTION: _____ 1/4 _____ SEC _____ TWP _____ RGE W4M

RURAL ADDRESS: _____ MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

DIAGRAM FOR LOCATION OF APPROXIMATE DISTANCES FROM APPROACH FOR CALCIUM APPLICATION:

DISTANCE OF APPLICATION:

_____ FEET

IMPORTANT:

DRAW LOCATION OF THE APPLICATION AND THE ENTRANCE, AS WELL AS ANY OTHER IDENTIFYING STRUCTURES

FORM MUST BE FULLY COMPLETED PRIOR TO CALCIUM BEING APPLIED

BY SUBMITTING THIS ORDER FORM THE APPLICANT AGREES TO PAY TO THE MUNICIPAL DISTRICT OF TABER ALL APPLICABLE CHARGES HERE IN. **IF MD OF TABER COUNCIL PASS A RESOLUTION TO CHANGE ANY ASPECT OF THE DUST MITIGATION POLICY, INCLUDING PRICE, THE APPLICANT WILL BE CONTACTED AND MADE AWARE OF CHANGES OR TERMINATION OF CONTRACT.** THE APPLICANT ALSO AGREES THAT ANY AND ALL APPLICABLE CHARGES WILL BE APPLIED TO THE PROPERTY TAX ACCOUNT OF THE ABOVE DESCRIBED LEGAL LAND DESCRIPTION AND/OR RURAL ADDRESS THAT REMAINS UNPAID AFTER 90 DAYS – IF THE APPLICANT IS NOT LISTED AS THE LANDOWNER ON THE TAX ROLL, THE LANDOWNER MUST ALSO SIGN THE DOCUMENT.

DATE: _____ SIGNATURE OF LANDOWNER: _____

MUNICIPAL DISTRICT OF TABER
RETURN FAX: 403 – 223 – 1823
Email: pwinquiries@mdtaber.ab.ca

SIGNED BY: _____
(PLEASE PRINT)

QUESTIONS? PLEASE CALL THE OPERATIONS BUILDING AT 403-223-3142