

(Number Roads Only) C.S.A.H. # \_\_\_\_\_ (Letter Roads Only) C.A.R. # \_\_\_\_\_ Section # \_\_\_\_\_ Township: \_\_\_\_\_

**2017**  
**Dodge County Department of Highways**  
**Application for Dust Control/Chloride**

Fill out application form completely and return with payment to:

Dodge County Highway Department  
16 S. Airport Dr  
Dodge Center, MN 55927  
Phone: (507) 374-6694

**Application deadline is May 5, 2017**

**Check One:**            Owner \_\_\_\_\_            Renter \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ P.O. Box # \_\_\_\_\_

City: \_\_\_\_\_ State: MN    Zip: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_

**Owners name if different from applicant:** \_\_\_\_\_

Please check desired length to be sprayed:         500 ft.         750 ft.         1000 ft.

**A fee of \$233.00 (per 500 feet) on all applications is required. Make checks payable to "Dodge County."  
With Late Fee after May 5, 2017 \$256.3**

Road maintenance will continue on all roads as it is needed. Chloride sections will be maintained at the County's discretion. Under most circumstances, the performance of chloride on the road will not be drastically affected by routine maintenance. At no time will additional chloride solution be applied to the road by the County.

*I, We, the undersigned, herewith make application for dust control at the above location, said work to be accomplished by County Forces, subject to availability of supplies, equipment and labor, during the month of May or later. It is further understood this application is subject to rules and regulations established by current County Highway Policies regarding dust control.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (if different than applicant)

\*\*\*\*\*

**OFFICE USE ONLY:**

**Amount Paid: \$** \_\_\_\_\_        **Check No.** \_\_\_\_\_        **Cash** \_\_\_\_\_

**Payment made by (Name):** \_\_\_\_\_