

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

2009
Dodge County Department of Highways
Application for Dust Control/Chloride

Fill out application form completely and return with payment to:

Dodge County Highway Department
P.O. Box 370
Dodge Center, MN 55927-0370
Phone: (507) 374-6694

Application deadline is May 11, 2009

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 \$269.00 (per 500 feet) on all applications is required. Make checks payable to "Dodge County."

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): _____