



DUST CONTROL APPLICATION FORM

Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

NOTE: Please ensure that all sections are filled out

Suppressant Application: May/June August

Land Location: NW NE _____ _____ _____ W4M
 SW SE SEC TWP RNG

Municipal Address: _____

Road Width: 7 Metres 8 Metres 9 Metres

Distance of Application: _____ Metres long

Total Cost: _____

Desired location of suppressant application must be visibly marked on the roadway by the applicant prior to the deadline.

Please submit via email to infrastructure@beaver.ab.ca or mail to Beaver County, Box 140, Ryley T0B 4A0

Yearly Application Deadlines:

May/June Suppressant Application: **April 15**

August Suppressant Application: **July 31**

Payment Options:

- Debit/Credit (in office or over phone) • Cash
- Cheque (postdated cheques accepted for deadline date)

NOTE: Please DO NOT list credit card number on the application or send cash via mail.

OFFICE USE ONLY:

Receipt #: _____

Method of Payment: _____

Amount Paid: _____