

# MONTGOMERY COUNTY DUST CONTROL APPLICATION

Please Print Last Name

First Name

KS

Address (Street)

City

Zip Code

Exact location of dust control application needed

Nearest Cross streets (i.e. 3900 & 2400)

Daytime Phone # (8am – 5pm Monday- Friday)

Cell Phone

I understand that Montgomery County is making this product available as a convenience and a service to aid in controlling nuisance dust on rock roads. I, the landowner, assume risks in purchasing this dust control product. The County does not make any warranty expressed or implied concerning the use, or results for the application of this product. I understand there are many variable conditions that affect the performance of this product. These can include but are not limited to: weather conditions, gravel materials, traffic volume, terrain, and roadway maintenance. The County intends to blade and repair any potholes or washboards that may form after the application of dust control.

I hereby request a dust control agent for \_\_\_\_\_ linear feet (**18' width by minimum 300' length**) of roadway adjacent to my property at the above location. I agree to measure the width and length of the area to be sprayed. I also agree to clearly mark the section of road to be sprayed at both the starting and ending points.

I understand that the delivery trucks have computerized control units that measure the distance sprayed. I further understand that the driver will shut the unit off when the meter reaches the number of feet ordered even if the number of feet marked is greater.

I understand there are no guarantees as to the effectiveness of this dust control agent and agree to hold harmless Montgomery County and for failure of this product to control the dust.

Payment is required **prior** to Montgomery County Public Works applying this material. The cost of this treatment is at the rate of **\$.95 + 5.3% sales tax per linear foot**. (Example: 18' x 300' @ \$.95 = \$285.00 + \$15.11 tax = \$300.11 Total)

**(PLEASE MAKE ENCLOSED CHECKS PAYABLE TO MONTGOMERY COUNTY PUBLIC WORKS)**

Signature

Date

**My signature indicates that I have read and understand the above statements.**

FOR OFFICE USE ONLY

CHECK #	AMOUNT RECEIVED	DATE RECEIVED