



2026 DUST CONTROL APPLICATION

Please check road type:

RURAL ROAD

COUNTRY RESIDENTIAL SUBDIVISION

Name of Applicant: _____

RURAL ADDRESS (blue sign address): _____

**(This is the location the field crew will use to place your dust control. Please ensure it is correct.
Applications without this information will not be accepted.)**

SUBDIVISION NAME AND LOT # (if applicable): _____

Mailing Address: _____

Phone: _____ Work/Cell: _____

Length of dust control requested: Standard Additional metres @ cost _____

(Standard: Rural Road – 200m OR Country Residential Subdivision – 100m)

THE APPLICANT HEREBY AGREES TO THE FOLLOWING:

1. That the dust control agent to be used shall be at the discretion of the County.
2. The County does not guarantee that the dust control agent will be effective to eliminate dust, but only to control it. Dust control spots will be maintained at the County's discretion.
3. A 200 metre (rural road) or 100 metre (country residential subdivision) strip of road adjacent to the resident's road approach/driveway shall be treated with the dust control agent. **Brazeau County will determine the placement of the dust control agent.**
4. A new application form is required for each application that is requested seasonally. **The \$210.00 fee for rural roads (GST included) and \$105.00 fee for country residential subdivisions (GST included) per residence must be paid prior to the County applying the dust control. Cheque, cash, credit card, or debit in the appropriate amount must be submitted with this application.**
5. Any additional length over the standard (200m for rural road and 100m for country residential subdivision) dust control will be charged at the **actual municipal cost** unless covered by the policy. The applicant shall pay this amount in its entirety at the time of application.
6. Dust control application on road surfaces runs from May 1 to September 30, depending on product availability.
7. I own the property and/or am an authorized agent adjacent to the road that I have applied for the application of the dust control agent.
8. I acknowledge and agree that the use of dust control agents (including Ca-Mg chlorides) may impact soil, groundwater and vegetation in, on or under my property.
9. I hereby release the County and its employees, agents, Councillors and contractors (the "County Parties") from any and all liability, claims demands, actions and causes of action from any claims, losses, damages, injury or illness of any nature arising out of or relating to the dust control agent, the application of the dust control agent including, without limitation any impacts on soil, groundwater or vegetation in on or under my property.
10. I agree to indemnify, save and hold harmless the County Parties from and against any and all claims of any nature, including all costs, expenses and liabilities arising out of or relating to the application of the dust control agent.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

EXEMPTION DECLARATION (50% of above rates): I hereby declare that I am age 60 or older

NOTES:

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FOR OFFICE USE ONLY

Receipt # _____ Received by: _____

Identification provided establishing qualifying age of 60 or older (check one method):

ID shown in-person ID copy mailed in