



2026 DUST CONTROL APPLICATION AND PAYMENT AGREEMENT

Property Owner Name: _____
Resident Name (if different): _____
Civic Address/Location: _____

1. Authorization for Dust Control Services

I, the undersigned property owner, hereby authorize the RM of Manitou Lake to apply dust control services to the above-described property.

2. Property Owner Payment Responsibility

I understand and agree that while a resident/tenant may benefit from and/or request this service, as the legal property owner, **I am ultimately responsible for ensuring payment** is made in full for the services provided.

In the event the resident or tenant fails to pay for the dust control services by December 31, 2026, I agree to pay the full amount due to the RM of Manitou Lake. I understand that this gives the RM of Manitou Lake permission to add the outstanding amount to the property taxes for the above-described location.

3. Requested Product Costs

The APPROXIMATE cost to the ratepayer for 100m of dust control:

Sales oil: \$1260

MG-30: \$500

PRODUCT REQUESTED: OIL MG-30

LENGTH REQUESTED: _____

(Actual cost may vary depending on site conditions and product used; a final invoice will be provided.)

4. Acknowledgment and Agreement

The RM of Manitou Lake does not provide any guarantee to the performance of the product. The RM reserves the right to grade, scarify, or return the road surface to gravel product if road conditions warrant. The RM shall not be required to reapply the dust control product if the road is graded, scarified, or returned to normal gravel. The RM does not assume any liability in regards to the application of the product and as to its effect on any person, or real or personal property including but not limited to crops, trees, and livestock.

By signing below, I acknowledge that I have read and understood the terms of this agreement. I agree to the terms and accept full financial responsibility if the resident does not fulfill their obligation to pay for the dust control services rendered.

Property Owner Signature: _____

Applicant Signature: _____

Date: _____

Mailing Address (if different from service location):

Phone: _____ **Email:** _____