DUNKERTON CO-OP
APPLICATION FOR
DUST CONTROL TREATMENT

NOTE: Please place a colored flag or stake at the spot you want your dust control to start. Our trucks are calibrated to measure out the number of feet applied. Please have your name on the mailbox or prominently displayed so we can be sure we have the correct location.

Show the location of building site, location of entrance and location where treatment is requested with respect to entrance. For sub-divisions, give the name of street and designate the limits of coverage requested. Maintenance by the County will be performed to the area treated as needed for the safety of the traveling public. *The County will try to avoid disrupting the treated sections any more than necessary until October 1st, but reserves the right to blade through it if it deems it necessary.*

If there is no map supplied or visible stakes at the location, drivers will use best judgment as to placement of dust control.

Dunkerton Co-op does not guarantee the lasting effects of the dust control due to factors such as weather, surface condition and traffic patterns which may have an effect on the treated surface.

LENGTH REQUESTED (400' RECOMMENDED) _____FEET.

Name and address: _____

_____

_____

County: _____Phone: _____

Township: _____ Section: _____

It is understood that the amount paid with this application is for the cost of materials, labor and equipment for the application of dust control consisting of _____ _ application(s) over an area 18 feet in width for the designated number of feet requested.

MAKE CHECKS PAYABLE TO: **Dunkerton Co-op**
PO Box 286
Dunkerton, IA 50626

Cost of above application: $ _____

Total Enclosed: $ _____

For Office Use Only:

1st App._____

2nd App._____