

I/We \_\_\_\_\_  
Of \_\_\_\_\_  
(Mailing Address)  
Dust Abatement Location \_\_\_\_\_  
(Legal Land Description)  
Phone \_\_\_\_\_ Email \_\_\_\_\_

hereby request the Special Areas Board apply dust abatement for \_\_\_\_\_ linear meters (max. 304m) past the above legal land description.

I/We understand there is no guarantee as to the length of time this treatment will last.

\_\_\_\_\_  
District Office Signature

\_\_\_\_\_  
Applicant's Signature

For Office Use: Policy 13-03 & Policy 04-04A  
Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Emailed to Maintenance Supervisor: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_  
Application Date: \_\_\_\_\_