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## **2024 Dust Control Request Form**

	Office Osc
Name:	Date pd:
Mailing Address:	Amount:
Phone No:	Type:
Email Address:	
Civic Address & Road Name:	
Legal Description:	Roll No.
Number of meters requested to be dust-controlled:	Please circle #1 or #2
Number of meters: x $$4.75 = $$	Total (GST included)
If you would like a 2 <sup>nd</sup> application, please enclose <b>\$</b>	Total (GST included)
Payment must accompany to Payment may be made online using your account number - Rhineland (Municipality	phone number listed above as
All sites shall be clearly marked with flags or sta	kes the distance you have requested.
I/We acknowledge that due to varying weather conditions and Municipality of Rhineland cannot guarantee the effectiveness of the municipality, the dust-controlled roadway becomes unsa	f the dust control application. If, in the opinion of

Date Applicant

cost. Payment of the dust control product is equivalent to the signature.

or washboard, the municipality may grade the road and break up the dust control. I/we agree to pre-pay the