



municipality of **Russell**Binscarth

Ph: 204-773-2253 Fax: 204-773-3370 Email: info@mrbgov.com

RESIDENTIAL/FARM

DUST CONTROL REQUEST FORM - 2026

I _____ wish to obtain Dust Control for the 2026 Year.

I UNDERSTAND THAT THE DUST CONTROL PROGRAM WILL BE CO-ORDINATED SUBJECT TO:

- 1) The Municipality of Russell Binscarth receiving sufficient requests to ensure full tank of product is utilized.
- 2) All requests are to be received no later than: May 26, 2026
- 3) The date of application of product would be approximately the first week of June dependent upon the dust control company
- 4) An application consists of a minimum site of 16 feet wide X 400 feet long **(site must be staked out by applicant, and if site exceeds the minimum distance specified, the applicant will be charged accordingly)**
- 5) The cost of **\$525.00** (\$500.00 + \$25.00 GST) per site ss to be borne by the applicant.
- 6) The site may be bladed over subject to Municipality of Russell Binscarth PW Policy #7.

DISCLAIMER: FIRST TIME SITE APPLICATIONS WILL NOT BE AS EFFECTIVE AS SITES WITH SEVERAL APPLICATIONS. THE MUNICIPALITY WILL NOT BE RESPONSIBLE FOR RE-APPLICATION.

I have read & acknowledged the disclaimer above.

PLEASE FILL OUT ALL NECESSARY INFORMATION FOR APPLICATION & BILLING PURPOSES

- 1) LEGAL (OR CIVIC) DESCRIPTION OF ARE REQUIRING APPLICATION:
- 2) APPLICANT PHONE NUMBER
- 3) APPLICANT EMAIL ADDRESS:
- 4) BILLING/ MAILING ADDRESS:
INCLUDE PO BOX

_____ X \$525.00 (EACH) = _____
 (# OF SITES) (\$500 + \$25 GST) (TOTAL COST TO BE BORNE BY APPLICANT)

PAYMENT RECEIVED ON: _____

(MUNICIPAL OFFICIAL SIGNATURE)

in typing my full name in the box below and checking this box I confirm:

- that I am the Legal Landowner or
- I am authorized by the Legal Landowner to purchase and apply products as specified above.

(SIGNATURE OF APPLICANT)