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2025 Application for Clay County Dust Control

Please fill out and return this form to **Glacier Dust Control** by **May 7th** if you wish to participate in the 2025 Dust Control Program. Applications received after **May 7th** will not be accepted. If you live on a Township Road and wish to participate in the program, please contact one of your Township Officials so they are aware of your dust application in the event they will be placing new gravel over your location.

Name: _____

Billing Address: _____

E-mail Address: _____

Address of location you would like dust control, if it is other than the billing address:

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Footage requested: _____ x \$1.068 = _____ Dollars

Applicant Action Items:

-  **Mark with lath the location you want sprayed.**
-  **Please measure the footage requested (minimum 300') as accurate as possible. This amount will be applied regardless of the distance your laths are apart.**
-  **Please leave the lath in place all year for the road maintenance personnel.**
-  **Submit payment by check or credit card.**

Credit Card Payment:

Cardholder First Name: _____ Cardholder Last Name: _____

Company Name: _____ Card No: _____

Expiration Date: _____ CVV: _____ Amount: _____ Billing Zip Code: _____

By signing this application, the applicant acknowledges receipt of and agrees to the terms of the Clay County Dust Control Policy. The applicant further agrees to submit payment of the above amount with this application to Glacier Dust Control. You further agree to receive texts regarding dust control from 877.403.0781.

Signature: _____