

THE RURAL MUNICIPALITY OF ROCKWOOD

Box 902

Stonewall, MB R0C 2Z0

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Email: info@rockwood.ca



2026 Dust Control Application

I hereby make application for dust control works at the location shown hereunder the terms and conditions herein set forth.

Name of Applicant: _____ Date: _____

Mailing Address: _____ Phone: _____

Civic Address: _____ Roll No. _____

Ward No. _____ Order (example 100-meter strip): _____

When requesting dust control application, the Applicant acknowledges and accepts the following:

1. The product to be used for dust control purposes is Magnesium Chloride. The Municipality does not guarantee any dust control product.
2. For safety purposes, the maintenance of roads by the Municipality takes priority over anyone's application of dust control.
3. The Municipality shall not be responsible to replace anyone's application of dust control.
4. The Municipality reserves the right to determine the day and time of application, with consideration of weather conditions and other dust control programs being scheduled.
5. **After September 1st dust control will be graded over during regular road maintenance in preparation for winter.**

The Rural Municipality of Rockwood will accept requests for the application of dust control, on a **PRE-PAYMENT BASIS ONLY**, on municipal roads in front of residences in the Rural Municipality of Rockwood. **This includes residences in the Rural Residential Zones.**

Applicants may obtain dust control based on **\$565.00 per application**. **Orders, pre-payments for same, and this letter duly signed by the Applicant acknowledging the conditions outlined MUST be returned to the Rural Municipality of Rockwood Administration Office by Friday, May 22ND, 2026.** The application will consist of actual width of road x 100-meter strip. **The area to be serviced must be staked out prior to application.** Dust Control will be applied in June, **weather permitting.**

In the event of there not being sufficient requests for a truckload, payments will be refunded.

I, _____, the Applicant, hereby acknowledge and accept the above-mentioned terms.

DATE

APPLICANT SIGNATURE