

**THE RURAL MUNICIPALITY OF ROCKWOOD**

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**2026 PRIVATE Dust Control Application**

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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Civic Address: \_\_\_\_\_ Roll No. \_\_\_\_\_

Ward No. \_\_\_\_\_ Location & Distance of site \_\_\_\_\_

Date of when Private Dust Control will be applied: \_\_\_\_\_

Product Used: \_\_\_\_\_ Company: \_\_\_\_\_

When applying Private dust control, I acknowledge and accept the following:

1. **Two (2) weeks notice must be provided prior to applying dust control.**
2. The product to be used for Private dust control purposes must be Magnesium Chloride.
2. **For safety purposes, the maintenance of roads by the Municipality takes priority over anyone's application of dust control. Dust Control sites may be graded over when required.**
3. The Municipality shall not be responsible to replace anyone's application of dust control.
4. Private dust control sites must be clearly marked all summer.
5. **After September 1<sup>st</sup> any dust control will be graded over during regular road maintenance in preparation for winter.**

I, \_\_\_\_\_, hereby acknowledge and accept the above-mentioned terms prior to applying Private Dust Control.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

**APPROVED BY RM OF ROCKWOOD:** \_\_\_\_\_  
Signature Date