



STE. ANNE
MUNICIPALITY

Dust Control Application Form

A. TO BE COMPLETED BY APPLICANT:

NAME OF APPLICANT/OWNER: _____

P.O. ADDRESS: _____

HOME PHONE NUMBER: _____

DAY TIME CONTACT NUMBER _____

LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____

LEGAL: LOT _____ BLOCK _____ PLAN _____

CIVIC ADDRESS: _____

(Minimum 100 meter order on application which is 300ft x 16ft wide)

_____ METERS @ \$ _____ PER METER _____

TOTAL _____

APPLICANT SIGNATURE: _____

Payment must be received together with application by April 15th of each year to be considered during that year's dust control program.

B. TO BE COMPLETED BY MUNICIPAL OFFICE:

PAYMENT/DEPOSIT RECEIVED \$ _____

RECEIPT NO. _____ INVOICE NO. _____

DATE: _____

R.M. of Ste Anne