

FRANKLIN COUNTY PUBLIC WORKS

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BOARD OF COMMISSIONERS

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Date: _____

APPLICATION FOR 2018 DUST CONTROL

Name: _____

Address: _____

Home Telephone No.: _____ Business Telephone No. _____

Address to be treated: _____

This is the only dust control program offered or recognized by the County. The County does not warrant the product in any way; this service will be provided by an independent contractor.

The deadline to apply for this program is March 30, 2018. Applications received after this date will be returned.

A single application will be used. The exact date will depend on weather conditions and product availability. Flags will be provided by the County to be used for marking the area to be treated. These flags will be placed near your mailbox within ten days of the application date.

The resident will be responsible for marking the area to be treated. If the area to be treated is not clearly marked on the day of the application, this agreement is void and the payment will be returned.

The County will make every effort to not disturb the treated area during a period ending on September 15, 2018. After that time, we will resume normal maintenance operations. **Maintenance activities on dust control areas, as with other parts of the county road system, will be solely at the discretion of the Road Superintendent.**

(Over)

Please detail any special instructions below. Example: "Address does not match area to be treated" or "On corner lot, both roads to be treated," etc.

A signed copy of this application and full payment for the desired treatment should be sent to:

Franklin County Public Works
Attn: Dust Control 2018
1428 S. Main, Suite 5
Ottawa, KS 66067

(Make check payable to Franklin County Public Works.)

The cost for this treatment will be \$1.40 per foot. A minimum of 300 feet is required \$420.00.

I hereby request that _____ feet of dust control agent be applied to the above listed address of area to be treated. My check for \$_____ is enclosed. **I understand and agree to the terms of the Dust Control Program.**

Signature

Date

Payment received: Amount: _____ Date: _____ By: _____