



#38 Main St.
Box 370
Ashern, Manitoba, R0C 0E0
Phone: 204-768-2641
Fax: 204-768-2301
www.rmofwestinterlake.com

REQUEST FOR APPLICATION OF DUST CONTROL CHEMICAL 2026

Applicant's Name: _____

Telephone #: _____

Address (Box #): _____

Location of Work: _____

Section-Township-Range: _____

CONDITIONS

1. A charge of \$ _____ will be made for an application area of _____ x _____ (feet) of dust control chemical at said site. The application of chemical shall consist of 1.8 litres of product per square meter.
2. Payment by online banking, cash, or cheque/money order made payable to the RM of West Interlake in the amount of the prescribed fee must accompany this application.
3. The RM of West Interlake accepts no responsibility for the effectiveness of the dust control chemical.
4. The RM of West Interlake reserves the right to perform such maintenance procedures as it deems necessary on the treated portions of the road. Although the RM of West Interlake will attempt to minimize any adverse effect of these operations on the treated portion of the roadway, the RM of West Interlake will not accept liability for any restoration required.
5. If the minimum requirement with the supplier is not met, customers will be refunded in full.

Applicant's Signature

Approved

Receipt #