Application No.	plication No	
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## REQUEST AND AGREEMENT FOR DUST PALLIATIVE **APPLICATION DEADLINE: 5:00 P.M, Friday, MARCH 6, 2020**DOUGLAS COUNTY PUBLIC WORKS 3755 E. 25<sup>th</sup> ST. LAWRENCE, KS 66046

Name:				
Address:				
			Telephone. No.:	
	Maintaining Agency:			
Email:				
adjacent to my residence at notified to do so by Douglas	the above location. I as County, and to maintain	gree to mark the n those flags for	dust palliative to feet of roadway e location with flags provided by the county when the life of the dust palliative to aid the maintaining application, please make arrangements to pick up	
residents to make this production anticipated material price in administrative fee of \$60.00	uct available as a convenceases, this year's cost per location. If an ap	enience to aid in to participate is oplication is reco	County is only coordinating a service for county a controlling nuisance dust on rock roads. Due to \$\frac{\$1.50}{\$}\$ per linear foot of roadway treated plus at eived after March 1, there will be an additionate to meet our project deadline. Absolutely no	
			will have a minimum of 100 linear feet.	
			the effectiveness of this product. They include raffic volume and maintenance of roadway, among	
I/We understand that prep maintenance is necessary for			government agency responsible for the road's	
	failure of this product to	control dust. N	is palliative and agree to hold Douglas County and Neither refunds nor re-treatments will be made	
blading the area routinely d the road or perform any o	uring the effective life of the maintenance at ar	of the treatment,  ny time it is dete	pt to prolong the life of the dust palliative by no but that the agency reserves the right to blade ermined necessary to provide a safe, serviceable for shortened dust palliative life resulting from	
required maintenance.				
from collected fees adequa applied. No refunds will be	tely exceed the cost of e issued.		uate due to the number of applicants. If revenues tment, a second dust palliative treatment will be	
Signature			Date	
		ICE USE ON		
Payment Received: Amoun	t Received (Length x \$1)	<mark>.50</mark> )	+ \$60.00 =	
-	, <b>3</b>		Late Payment Fee \$15.00	
			Payment Received By:	
		I	Date	