

THE RURAL MUNICIPALITY OF ROCKWOOD

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Stonewall, MB R0C 2Z0
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2025 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 1st 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