



Application for Dust Control Program

YEAR 2019

Cutoff Date: 5/1/2019

Postmarked on or before 5/1/2019

Please fill out and return this form to:

Bonneville County Road & Bridge
c/o Road Manager
605 N Capital Ave
Idaho Falls, ID 83402

Name: _____

Address: _____

email address: _____

Location you are requesting dust control for, if it is other than the above address:

Best phone number to be reached at: _____

Secondary number: _____

Requested Length of road

Appl Rate

Amount needed

[528 Ft (0.1 mile) min.]

(Gal./ft.)

(Gallons)

_____ (ft)

x

1.10

=

Cost

\$

0.69 (\$/gal.)

x Gallons

=

\$

Total Payment

(\$400.75 min.)

Include a check payable to Bonneville County Public Works for the above amount.

By signing this application, the applicant acknowledges receipt and agrees to the terms of the Bonneville County Dust Control Program and Policy. The application further agrees to submit payment of the above amount with this application to the address above before cutoff date shown.

Signature: _____

Date: _____

COUNTY ONLY

Date Rcv'd _____

By: _____

Paid: Yes ___ No ___

Accepted: Yes ___ No ___