

TOWNSHIP OF _____

APPLICATION FOR LIQUID CALCIUM CHLORIDE DUST TREATMENT

COATING: - **400 Feet Long**; Full Width of the Roadway up to 24 feet wide
- Treatment to be performed by June 10, 2011.

Check One:

Treatment to be centered on your driveway (200 feet each way)

OR

Treatment to be applied between stakes (400 feet total). 3' stakes, with ribbon, adjacent to the road **MUST** mark **EACH END** of the 400 foot section to be treated.

If neither is checked, or stakes are not visible, the treatment will be centered on the driveway.

Applicant: _____

Location of Residence to be Treated: Section _____ Township _____

Full 911 Address: _____

** To assist in locating your property for treatment, please have your 911 address on a sign or mailbox adjacent to your driveway. 911 address sign applications are available on our website at www.co.aitkin.mn.us.

Telephone: _____ Permanent Address: _____

Additional information to help locate site: _____

Total Cost of Treatment: \$180.00

Amount Paid by Township: _____ Amount Paid by Resident: _____

Resident – Complete application and return with payment to your township official.

Township Official – Send copy of completed application signed by township official to the Aitkin County Highway Department – 1211 Air Park Drive – Aitkin, MN 56431, authorizing treatment to be performed. Township will be billed by Aitkin County \$180.00 per treatment after application is performed.

Authorized Township Signature: _____

Title: _____

This form must be returned to the Aitkin County Highway Department by May 13, 2011.