DUST GUARD APPLICATION

Date:_____

Name:_____

Address:_____

City, State:_____

Telephone No.:_____

I/We would like dust guarding applied on _____

starting at _____

(driveway, stop sign, beginning of road, row of trees, etc., however you can best describe the starting point) and going _____ feet to the end by _____.

(Describe where you want to end.)

Please make a drawing of the road and where your home is located or, group of homes are located, in the above box.

If you have any special comments or instructions please include those above.

Please sign the application and if you are doing it as a group, each member of the group needs to sign and collect your money as a group.

_____ _____

Signature Signature

Thank you and have a great summer.

Maine Prairie Township
7551 Dellwood Road
Kimball, MN 55353
320-398-2905