

Otto Township's
DUST CONTROL PROGRAM

NAME: _____

E-911 ADDRESS: _____

Daytime Phone Number: _____

Location Description: _____

ON township road name or #: _____

Length Requested: _____ (Minimum 500 feet)

Road Width Requested (Check one): _____ 20 Feet required to qualify for township cost sharing

I understand that this is a cost share program made available by Otto Township. I understand that upon sign-up I must make payment in full or the request will not be considered. I understand that Otto Township does not guarantee this application will last the entire season due to rains, traffic, maintenance, gravel aggregates, etc. I understand that upon application of the suppressant the remainder of the share will be paid by Otto Township. Otto Township will split the total cost of dust control 50 / 50 with the resident. Dust Control is anticipated to be applied in June.

Residents shall mark the approximate start and finish point for application with flags or stakes.

Due to Otto Township by second Tuesday of May annually to get on the list.

Resident Signature: _____

Otto Township Contact: Eric Bakka 218-640-1194 to coordinate location for accuracy.