

Appendix "A"
Policy 3406

**SPOT TREATMENT COST SHARED
DUST CONTROL PROGRAM**

Please Note Required Information

I, _____, Renter () Owner () of

(Mailing Address) _____ resident and/or ratepayer of the confines of Athabasca County do hereby pay the sum of \$225.00 representing my portion of the payment for dust control treatment which represents 200 lineal meters of road treatment on the local road adjacent to my residence located at:

(Legal Description)

(Additional Information)

And I further acknowledge that the said treatment will not take place until the "Dust Abatement Crew" is in the area.

Athabasca County accepts the aforementioned payment on the aforementioned terms with the parties hereto acknowledging and agreeing that the said roadway that is to be treated can be reverted to gravel when it is deemed necessary by the County for the purpose of elimination of potholes, maintenance and upkeep of the roadway. This agreement is limited to one treatment per residence at the aforementioned rate.

Athabasca County does *not guarantee any particular level of dust control* as a result of the application of dust control product and undertakes only to apply the said dust control product in the same prudent, expedient and efficient manner followed when applying dust control products on the County roads under the regular County Dust Control Program.

The County will not be held liable for any damages to vegetation on private property adjacent to dust control treatment areas.

It is also hereby acknowledged that if the County is unable to arrange for application of dust control products due to financial, weather or other conditions, the full amount of the payment will be refunded to the ratepayer, and no further obligation will be due to the ratepayer by the County, as related to dust control. Athabasca County also has the right to refuse the application of dust control if so deemed unfeasible after inspection of the site.

DATED THIS _____ day of _____, A.D., 20 _____ at the Town of Athabasca in the Province of Alberta.

Ratepayer (signature)

(Phone #)