

**Saline County Road District  
Dust Control Application Form**

**Applicant Information**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Road Name / Number: \_\_\_\_\_
- Nearest Intersection or Landmark: \_\_\_\_\_
- Property Frontage of Treatment (in feet): \_\_\_\_\_
- Application Start Point (describe): \_\_\_\_\_
- Application End Point (describe): \_\_\_\_\_
- Dust Control Location additional information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Details (Optional)**

- \_\_\_\_\_
- \_\_\_\_\_