



REQUEST FOR DUST CONTROL

REGISTRATION DEADLINE IS GeNeRaLLy THE FIRST BUSINESS DAY IN MAY

Scotwood Industries, Inc.

NAME: _____ **COUNTY:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **ALT. PHONE:** _____ **EMAIL:** _____

DIRECTIONS FROM NEAREST MAJOR INTERSECTION/HIGHWAY:

WIDTH OF ROAD: _____ **LENGTH OF TREATMENT AREA (MINIMUM 300’):** _____

SPECIAL INSTRUCTIONS/NOTES/COMMENTS REGARDING YOUR ROAD/PROPERTY TREATMENT:

How’d you hear about us?

I hereby request Scotwood Industries, Inc to apply a dust control agent to the above stated width/length of roadway adjacent to my property at the above location.

I have contacted (or received from) Scotwood Industries for current pricing and a quote. My payment is enclosed or I will call with my credit card before the program registration deadline, May 1.

(Please send checks to 12980 Metcalf Ave, Ste 240, Overland Park, KS 66213 Attn: Beth Ross)

My payment is in the amount of \$ _____.

I agree to measure and clearly mark the width and length of the area to be treated. Flags/markers are to be placed at both the beginning and end points. Acceptable markers are orange flags placed in the ground at the edge of the road or orange spray paint sprayed directly on the road surface. I understand that Scotwood Industries’ trucks have computerized control units that accurately measure the distance sprayed/product used and my order will be filled as written on this form, even if I have marked a greater or smaller distance on my road. **NOTE: If my county puts up their own signage for Dust Control, the county signs will be my markers for treatment and I must make sure these signs are placed correctly for this year’s treatment prior to Scotwood Industries coming to apply.**

I understand that Scotwood Industries is making this product and service available as a convenience to residents to aid in controlling nuisance dust on gravel roads. My payment is required in advance of the program deadline of May 1 to guarantee participation in this annual program. Applications/payments received after May 1 will be placed on trucks as availability allows and may require an additional fee. I understand that scheduling is based on spray truck availability, weather conditions, and various county lead times for road preparation. I understand that Scotwood Industries will make every attempt to apply my dust control as early as possible in the season, but this may be delayed based on the above factors.

I understand that there are variables that can affect the performance of this product. They include: preparation of the road/property, weather conditions, type of terrain and road surface material, volume of traffic on my road and continued maintenance of the road/property.

I understand that proper preparation of the road/property is necessary for optimal performance of this product.

_____ **County/Township/Special Roads District** is responsible for maintaining my road. I have contacted my county/township/special roads district to obtain permission and arrange for preparation of my road/property. I understand that Scotwood Industries will notify the county/township/special roads district of my registration for dust control, but the responsibility of requesting this work from the county agency is mine. If I am on a private road, it is my responsibility to arrange for necessary preparation.

I understand that while efforts are made to avoid disturbing a treated area, the County/Township/Special Roads District reserves the right and responsibility to blade or perform other maintenance to ensure a safe, serviceable roadway.

I understand that if for any reason a refund is due, including, but not limited to, contract cancellation or changes to the amount of treated area, a refund check will be processed August 1st

If you have questions regarding dust control, please contact the Liquid Division at Scotwood Industries, Inc. at 1-800-844-2022 or email: bross@scotwoodindustries.com or biddesk@scotwoodindustries.com

Please print, initial all check boxes, sign below and then scan or photo, then email, text, fax, or mail to us.

Signature: _____ **Date:** _____

My signature indicates I have read, understand and agree to the above statements

Office Use Only> Date Received> _____ Payment Method> _____ Check/CC#> _____