



2026 DUST CONTROL APPLICATION FORM

TO BE COMPLETED BY APPLICANT:

NAME OF APPLICANT/OWNER: _____

CIVIC ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

LEGAL: SECTION _____ TOWNSHIP _____ RANGE _____

(MINIMUM 100 METRE ORDER ON APPLICATION)

_____ Metres x \$2.65 per linear metre = _____ x 5% GST, Total = _____

***Dust control applications must be submitted and paid in full prior to spraying.
Drop off and payment options listed below.***

APPLICANT SIGNATURE: _____

Application Instructions/Map of Area:

TO BE COMPLETED BY MUNICIPAL OFFICE:

PAYMENT RECEIVED \$ _____ RECEIVED BY: _____

RECEIPT NO: _____ DATE: _____

Public Works Office:
25145 Road 33N, Kleefeld, Manitoba
(204) 346-7129 worksandoperations@hanovermb.ca
Cheque, Debit, Credit (+3% surcharge)

Head Office:
28 Westland Drive, Mitchell, Manitoba
(204) 326-4488 general@hanovermb.ca
Cash, Cheque, Debit, Credit (+3% surcharge)