



**For Office Use Only:**

Date of Application: \_\_\_\_\_ Time of Application: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Type of Payment: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Concerns:

*The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing applications for dust control/suppression. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.*