

REQUEST AND AGREEMENT FOR DUST PALLIATIVE

APPLICATION DEADLINE: 4:30 P.M., MAY 15, 2014

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Location to be treated (if different from above) _____

I hereby request Bourbon County to arrange for application of a dust palliative to _____ feet of roadway adjacent to my residence or my property at the above location. I agree to mark the location with flags provided by the County when notified to do so by the County and to maintain those flags for the life of the dust palliative to aid the maintaining agency in avoiding the area when blading. If you mail in your application, please make arrangements to pick up the flags.

I/We understand that this is a "user fee" program and that Bourbon County is only coordinating a service for county residents and its property owners to make this product available as a convenience to aid in controlling nuisance dust on rock roads. This year's cost to participate is \$1.50 per linear foot of roadway treated, with a minimum of 300 feet. Example 300 ft x \$1.50 = \$450. plus \$38.92 sales tax for a total of \$488.92.

I/We understand there are many variable conditions influencing the effectiveness of this product. They include: conditions/preparation of roadway, weather conditions, traffic volume and maintenance of roadway, among others.

I/We understand there are no guarantees as to the effectiveness of this palliative and agree to hold Bourbon County harmless for failure of this product to control this dust. **Neither refunds nor re-treatments will be made should the dust palliative fail to perform to your expectations.**

I/We understand and agree that Bourbon County will attempt to prolong the life of the dust palliative by not blading the area routinely during the effective life of the treatment. **But, the County reserves the right to blade the road or perform any other maintenance at any time it is determined necessary to provide a safe, serviceable public roadway. Neither refund nor re-treatment will be made for shortened dust palliative life resulting from required maintenance.**

I/We understand that the final cost of the dust palliative may fluctuate due to the number of applicants.

Signature

Date

OFFICE USE ONLY

Payment Received: Amount: _____ Date: _____

By: _____