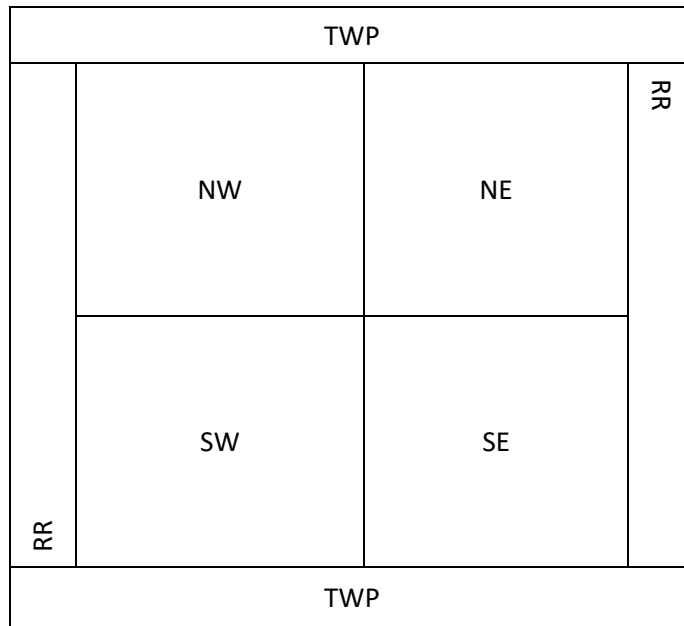




RATEPAYER AGREEMENT FOR DUST CONTROL

I, _____ (*print*) make application to the Municipal District of Peace No. 135 for the application of dust control consisting of liquid calcium chloride to be applied as indicated below at _____ (*Legal description*)

Rural Address Sign _____ Phone Number _____



I agree to the following conditions:

1. The Municipal District of Peace No.135 will apply the dust control product in the month of May as time permits. Dust control will be applied at a minimum distance of 100 metres (m).
2. The Municipal District of Peace No.135 will make all efforts to increase the longevity of the treated area; however, if or when the need arises, the said portion of treated roadway will be graded to minimize any hazards for vehicular traffic.
3. I require _____ metres of dust control to be applied at a rate of \$425 per 100 m for a total amount owing of \$_____. I agree that this amount will be paid in full prior to application of said dust control.

APPLICANT Signature

MD REPRESENTATIVE Signature

Dated

Receipt No.