Schedule B – Parkland County Residential Subdivision Dust Control Application - Signature Form

I/We, the undersigned, acknowledge and agree to the dust control being applied at:

_____.

(Location of Dust Control Application)

NAME	ADDRESS	SIGNATURE

The personal information provided is collected in accordance with Section 4(c) of the Alberta Protection of Privacy Act (POPA) andwill be protected under Part 2 of that Act. The information collected will be used to process your application and for administrativepurposes directly related to the program or service for which you are applying. Please direct any questions about the collection, useor disclosure of your personal information to the Legal Services Coordinator at Parkland County 780-968-3229 or ATI@parklandcounty.com.