

TOWNSHIP OF _____

**APPLICATION FOR LIQUID CALCIUM CHLORIDE DUST TREATMENT ON
ORGANIZED TOWNSHIP ROADS**

- COATING:
- **400 Feet Long**; Width of the Roadway up to 20 feet wide
 - **Please have section staked by form submission date-May 16, 2025**
 - Treatment to be performed by approximately June 20, 2025.

Check One:

☐ Treatment to be centered on your driveway (200 feet each way)

OR

☐ Treatment to be applied between stakes (400 feet total). 3' stakes, with ribbon, adjacent to the road **MUST** mark **EACH END** of the 400 foot section to be treated by form submission date of May 16, 2025.

If neither is checked, or stakes are not visible, the treatment will be centered on the driveway.

Applicant: _____ Telephone: _____

Location of Residence to be Treated: Section _____ Township _____

Full Property Address to be Sprayed: _____

Additional information to help locate site: _____

** To assist in locating your property for treatment, please have your 911 address on a sign or mailbox adjacent to your driveway. 911 address sign applications are available on our website at www.co.aitkin.mn.us.

Mailing Address: _____

Total Cost of Treatment: \$290.00

Amount Paid by Township: _____ Amount Paid by Resident: _____

Resident – Complete application and return with payment to your township official. Checks must be made out to the township.

Township Official – Send copy of completed application signed by township official to the Aitkin County Highway Department – 1211 Air Park Drive – Aitkin, MN 56431, authorizing treatment to be performed. Township will be billed by Aitkin County \$290.00 per treatment after application is performed.

Authorized Township Signature: _____

Title: _____ Date: _____

This form must be returned to the Highway Department by May 16, 2025.