TOWNSHIP BOARD APPROVAL/NONPARTICIPATION FORM

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED
No later than May 18th 2020

CALCIUM CHLORIDE WILL NOT BE PUT ON TOWNSHIP ROADS UNLESS THIS FORM IS SIGNED AND RETURNED.

CALCIUM CHLORIDE for DUST CONTROL

Date: _____

To: Richard C. Sanders, P.E.
Polk County Engineer
820 Old Highway 75 South
Crookston, MN 56716

From: _____ _____
Name & Title of Twp. Official *Township*

_____
Address

_____
City, State, Zip

Re: Calcium Chloride Application

Dear Mr. Sanders:

As a Board member of _____ Township:

☐ I hereby **grant permission** to the residents of the above named Township to request calcium chloride be applied to township roads adjacent to their property for the purpose of dust control. I understand and agree that the above named Township will be billed for and be responsible for payment for all calcium chloride applications in their respective Township. It will be the Township's responsibility to collect payment from Township residents.

☐ I hereby inform Polk County that the above named Township Board has made the decision **not to participate in the Calcium Chloride program** and will not accept billings or collect payments from our Township residents.

Sincerely,

Signature | Board Position

Rev. 3/22/16