



HAMPTON TOWNSHIP RESIDENTS
EMAIL ADDRESS: clerk@hamptontwp.com

Hampton Township is offering all residents who live on a township gravel road the opportunity to participate in a cost sharing dust control program. The township will arrange to have chloride applied to the portion of roadway in front of the resident's house in late spring/early summer, and pay for approximately half the cost of the chloride application, up to a maximum roadway length of 400 feet. The resident will be required to pay a fee of \$35 per 100 feet. Residents requesting more than 400 feet of chloride application will be responsible to pay \$140 for the first 400 feet and 100% of the cost for additional footage which is \$70 per 100 feet.

Please note that Hampton Township reserves the right to maintain the road whenever needed to accommodate the traveling public.

Please submit your check to Hampton Township no **later than Wednesday May 8, 2024** if you are interested in the program.

Please make check payable to: Hampton Township

Mail your check and completed application form to: Hampton Township
P.O. Box 154
Hampton, MN 55031

TO ENSURE CORRECT APPLICATION, THE RESIDENT IS RESPONSIBLE FOR THE FOLLOWING:

1. Mark footage start & stop with highly visible stakes by Friday May 24, 2024
2. Have residence clearly marked with correct street address number

Please cut on line and send in with check.

Application for 2024 Dust Control Program

Name: of Applicant _____

Street Address _____

Phone Number _____

(by providing your phone number you are giving permission to share it with the applicator in case they have questions)

I request to have liquid Chloride applied 18 feet by

___ 300 feet (\$105.00 for resident) ___ 400 feet (\$140.00 for resident) ___ Stated Amount (\$70.00 per 100 ft over 400 ft)

TOTAL DUE BY RESIDENT _____

Date Paid _____

TOTAL DUE BY TOWNSHIP _____

Check # _____

I understand that Hampton Township reserves the right to maintain the road whenever it seems necessary for the convenience/comfort of the traveling public.

Signature of Applicant

Date