

WELLS COUNTY HIGHWAY DEPARTMENT

1600 West Washington Street, Bluffton, IN 46714

Phone: (260) 824-6430 / Fax: (260) 824-6431

highway@wellscounty.org

2018 CALCIUM CHLORIDE AGREEMENT

Number _____ Township: _____

Name _____

Address _____

Contact phone # _____

The undersigned, being a resident of Wells County, Indiana, has agreed to pay 98 CENTS per foot for application of Calcium Chloride in front of the residence for a distance of

_____ feet x \$0.98 = \$_____ *(There is a minimum of 200 feet)*

Please choose one:

I will have the green Flags out by May 10, 2018

I would like the Highway Department to place the flags for me. If application is mailed in with payment, the Highway Department will place flags.

****THIS IS YOUR RECEIPT, PLEASE READ.****

The County Highway Department will have **full** authority to maintain said road by GRADING or adding stone as needed at any time during the year. Participant agrees to pay in advance for said dust control.

Please note: If changing to Calcium Chloride from Dustay - we will be grading up your existing oil strip to prepare for the Calcium Chloride application.

THE WELLS COUNTY HIGHWAY DEPARTMENT IS NOT RESPONSIBLE FOR ANY DAMAGE TO VEHICLES or PROPERTY AFFECTED BY THE DUST CONTROL MATERIAL USED ON THE ROADS AT THE TIME OF APPLICATION.

Signed _____

Date _____