

REQUEST FOR CONTRACTED SERVICES
RURAL MUNICIPALITY OF WEYBURN NO. 67

Date: _____

I, _____

Request the R.M. of Weyburn to:

- Supply Dust Control (MG30) Cost Share 50/50 between the R.M. & Ratepayer.
 ___ Same length as last year
 ___ Revised length (we will be in contact with you)

Land Location at: _____

I authorize this work to be done by the R.M. on my behalf and agree to pay for the same.

Signature: _____

Rate Payer Mailing Address: _____

Contact Phone Number: _____

Email Address: _____

Division: _____