REQUEST FOR CONTRACTED SERVICES

RURAL MUNICIPALITY OF WEYBURN NO. 67

Date:

I,

Request the R.M. of Weyburn to:

* Supply Dust Control (MG30)
* Approximately:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_meters.

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_