

Private Road Chloride Treatment Policy 2024

Highland Township currently participates in reimbursement for Private Road Chloride Treatments as follows:

- (1) .32 cents per linear foot or 50% of total bill – whichever is less will be reimbursable
- (2) Highland Township will only accept one submission per road, per year. *ALL submissions must be submitted no later than November 1st and must include:

The Signed Public Purpose Road Chloride Service Contract Paid invoice to the chloride company with the linear foot of treated area. Contact information for the person that is responsible for accepting the check and responding to any inquires.

*Multiple applications are reimbursable but must be submitted on 1 invoice to the Township – Only one reimbursement check will be issued per road, per year

Linear Feet x .32

50% of Total Invoice

Lesser amount is to be paid to:

PLEASE PAY \$ _____ to the above

PUBLIC PURPOSE ROAD CHLORIDE SERVICE CONTRACT

This Contract shall be effective as of the date of the last signature and is between the Charter Township of Highland, whose address is 205 North John Street, Highland, MI 48357, ("Township"), and _____, whose address is _____, ("Contractor").

Public Purpose and Services. For and in consideration of Contractor providing for chloride treatment(s) on the private road(s) as described in the **Attachment** to this Contract in _____ ("Public Services"), which the Township Board has determined will serve public purposes based on the road(s) being open to and used by the general public and Township, governmental and emergency vehicles, the health and welfare benefits to the general public from controlling dust from the road(s), and that the treatments should provide for safer road conditions and avoiding or minimizing the risk of damage to Township, government, emergency, and other vehicles, the Township agrees to partially reimburse Contractor for the amount it has paid for the Public Services as provided under the Payment Section of this Contract.

Payment. The Township agrees to make a reimbursement payment to Contractor in the sum of \$_____, per mile/lineal foot of road that is treated as described in the **Attachment**. To receive the payment, Contractor shall provide the Township with written documentation of the name and address of the company that performed the treatment, the dates and amounts paid to the company, that the company has been paid in full, and that the Public Services have been completed.

Liability. The Township shall have no liability for the pre-treatment and post-treatment condition of the roads to be treated or for any injury or damage related to Contractor's provision of the Public Services, and shall have no responsibility for determining the sufficiency of the Public Services for which a reimbursement payment is requested or made. Contractor agrees to indemnify and defend the Township against any claims of such liability or responsibility.

Independent Contractor. Contractor is an independent contractor with complete control over how the Public Services are accomplished, and shall not act or be considered as an agent, representative or employee of the Township.

Compliance with Laws. Contractor's Public Services shall comply with all applicable laws and required governmental authorizations. This Contract shall be governed by the laws of the State of Michigan.

Assignment. Contractor shall not assign this Contract or any part thereof without the written consent of the Township. This Contract shall be binding on the parties, their successors, assigns and legal representatives.

Changes. Any changes to this Contract must be in writing and signed by the Township and the Contractor.

CHARTER TOWNSHIP OF HIGHLAND

Dated

By: _____
Rick A. Hamill, Supervisor

CONTRACTOR

Dated

By: _____

ATTACHMENT TO PUBLIC PURPOSE ROAD CHLORIDE SERVICE CONTRACT

Roads to be Treated:

- 1.
- 2.
- 3.
- 4.

Miles/Lineal Feet of Roads to be Treated:

Description of Treatments:

Township Reimbursement Payments should be payable to:

Name, Address and Phone number of Company to Perform Treatment:

Properties or Association represented by named Contractor:

If named Contractor is an individual person, Contractor's position with or authority to act for properties or Association being represented:

Contractor's main contact person name, phone numbers and email address:

Alternate Contractor contact person name, phone numbers and email address:

By: _____ Dated