Notice of Request for Drain Improvement

Drainage Act, R.S.O. 1990,c. D.17, subs. 78(1)

То:	The Council of the Corporation of the Municipality of South Huron.
Re:	Mc Dougs II Drain
	(Name of Drain)
	ccordance with section 78(1) of the <i>Drainage Act</i> , take notice that <i>li</i> we, as owner(s) of land affected, request that the above tioned drain be improved.
The	work being requested is (check all appropriate boxes):
-	Changing the course of the drainage works;
	Making a new outlet for the whole or any part of the drainage works;
1	િ≿ું તે દ √ Constructing a tile drain under the bed of the whole or any part of the drainage works;
ļ	Constructing, reconstructing or extending bridges or culverts;
1	Constructing, reconstructing or extending embankments, walls, dykes, dams, reservoirs, pumping stations or other protective works in connection with the drainage works;
	Otherwise improving, extending to an outlet or altering the drainage works;
(Covering all or part of the drainage works; and/or
	Consolidating two or more drainage works.
Prov	ide a more specific description of the proposed drain improvement you are requesting:
	·
Pror	erty Owners:
	ur municipal property tax bill will provide the property description and parcel roll number. ural areas, the property description should be in the form of (part) lot and concession and civic address.
• In :	urban areas, the property description should be in the form of street address and lot and plan number, if available.
Prop	erty Description
C Mari	on Northeast Bdy Lot 16 Pt Lot 17 Pt Lot 18 or Geographic Township Parcel Roll Number
FIUIC	Usborne 01001800780000

If property is owned in partnership, all partners must be listed. If property is owned by a corporation, list the corporation's name and the name and corporate position of the authorized officer. Only the owner(s) of the property may request a drain improvement.

Select Ownership	Туре	<u> 3000</u>	stdale Hole	iteins Inc.		
Enter the mailing add	ress and prima	ry conta	ct information of property	owner below:		
Last Name				First Name		Middle Initial
Van Soest				Yvonne		
Malling Address	- •	•				
Unit Number Street/Road Number Street/Road Name						РО Вох
	4158	7	Line 17	2R#1		
City/Town				Province		Postal Code
(tensal)				Ontari	0	NOM IXO
Telephone Number		Cell Pho	ne Number (Optional)	Email Address (Optional)		
519-220	1-8351	226	<u>-448-2751</u>	14700200	esteama	il.com
To be completed by r	recipient munici	ipality:	v	Your V	lem Soul	<u>il .com</u> Secretory/Trasuver Soaddale Holsteins In
Notice filed this	7 day of Λ	love	m be 5 20 /7			
Name of Clerk (Last I	Name, First Na	me)	474.	Signature of Clerk	11 1	1
Schark	sack G.	ene	Viere	Sevenese	Elanbore	M