

Notice of Request for Drain Improvement

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

To: The Council of the Corporation of the Municipality _____ of _____ South Huron

Re: _____ Brock-Miller Branch A Municipal Drain

(Name of Drain)

In accordance with section 78(1) of the *Drainage Act*, take notice that I/we, as owner(s) of land affected, request that the above mentioned 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;
- ☐ Constructing a tile drain under the bed of the whole or any part of the drainage works;
- ☐ Constructing, reconstructing or extending bridges or culverts;
- ☐ 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.

Provide a more specific description of the proposed drain improvement you are requesting:

To improve the water flow of the existing drain.

Property Owners:

- Your municipal property tax bill will provide the property description and parcel roll number.
- In rural 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.

Property Description

Lot 5 Concession 8

Ward or Geographic Township

Usborne

Parcel Roll Number

010008016000000

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 Type

Enter the mailing address and primary contact information of property owner below:

Last Name Dietrich		First Name Frank	Middle Initial A
Mailing Address			
Unit Number	Street/Road Number 34858	Street/Road Name Saintsbury Line	PO Box
City/Town RR 1 Lucan		Province ON	Postal Code N0M 2J0
Telephone Number	Cell Phone Number (Optional) 519 318-0196	Email Address (Optional) fdiet@quadro.net	

To be completed by recipient municipality:

Notice filed this 26 day of September 20 18

Name of Clerk (Last Name, First Name) <i>MSUYA-COLLISON, Rebekah</i>	Signature of Clerk <i>R. Mollison</i>
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