

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 Township of Dawn-Euphemia

Re: _____
(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:

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

Ward or Geographic Township

Parcel Roll Number

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		First Name		Middle Initial
Mailing Address				
Unit Number	Street/Road Number	Street/Road Name		PO Box
City/Town			Province	Postal Code
Telephone Number	Cell Phone Number (Optional)		Email Address (Optional)	

To be completed by recipient municipality:

Notice filed this _____ day of _____ 20 _____

Name of Clerk (Last Name, First Name)	Signature of Clerk
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