

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 TOWN of MINTO

Re: MUNICIPAL DRAIN #39
(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:

Improving the drainage works originally provided in the 1957
report and plan

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

CON 6 PT LOT 5

Ward or Geographic Township

MINTO

Parcel Roll Number

23-41-000-004-15100-0000


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 <u>Ross</u>		First Name <u>Ronald</u>	Middle Initial <u>C</u>
Mailing Address			
Unit Number	Street/Road Number	Street/Road Name	PO Box
		<u>9089 ROAD 1 N RR 3</u>	
City/Town <u>HARRISTON</u>		Province <u>ON</u>	Postal Code <u>N0G 1Z0</u>
Telephone Number <u>519 338-2514</u>	Cell Phone Number (Optional)	Email Address (Optional)	

To be completed by recipient municipality:

Notice filed this <u>6th</u> day of <u>April</u> 20 <u>16</u>	
Name of Clerk (Last Name, First Name) <u>WHITE, BILL</u>	Signature of Clerk 

PRINT + SIGN X	<u>Ronald C Ross</u>	
PRINT + SIGN X	<u>Debra Ross</u>	