

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: #23
(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:

Replacing the open ditch with a tile and filling in the ditch and making it workable land.

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

5988 12th Line Harniss, ON N0G 1Z0	MINTO CON 13 PT LOT 22
Ward or Geographic Township <u>Minto</u>	Parcel Roll Number <u>23 41 000 002 22300 0000</u>

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 Bowman	First Name Lorne Joyce	Middle Initial R.
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Mailing Address

Unit Number 5988	Street/Road Number 12th	Street/Road Name Line	PO Box
City/Town Harriston	Province Ontario	Postal Code N0G 1Z0	
Telephone Number 519-338-5623	Cell Phone Number (Optional) 519-323-6308	Email Address (Optional) lornebowman@mwpol.ca	

To be completed by recipient municipality:

Notice filed this **17** day of **AUGUST** 20 **17**

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