

# 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:

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**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
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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
<b>Mailing Address</b>				
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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