

To: The Council of the Corporation of the Township of Dawn-Euphemia

Re: _____
(Name of Drain)

In accordance with section 78 (1.1) of the *Drainage Act*, take notice that I, as owner of land affected, request that the above mentioned drain be improved.

The Major Improvement Project 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;
- Extending the drainage works to an outlet;
- Improving or altering the drainage works if the drainage works is located on more than one property;
- Covering all or part of the drainage works;
- Consolidating two or more drainage works; and/or
- Any other activity to improve the drainage works, other than an activity prescribed by the Minister as a minor improvement.

Provide a more specific description of the proposed drain major 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
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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 of the property may request a drain improvement.

Property Owner Signature

Ownership**Select Ownership Type** **If you need to provide additional information, please attach along with this form.****Enter the mailing address and primary contact information of property owner below:**

Last Name	First Name	Middle Initial
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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, First Name) Clermont, Donna	Signature of Clerk
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