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 Tecumseh
Re:	Dawson Drain Project - 9800 South Talbot Rd, Maidstone Ontario N0R1K0
	(Name of Drain)
In accordance with section 78(1) of the <i>Drainage Act</i> , take notice that live, 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 attering the drainage works;
	Covering all or part of the drainage works; and/or
	Consolidating two or more drainage works.
Prov	ide a more specific description of the proposed drain improvement you are requesting:
Requesting a culvert for farm access. The current culvert access leaves farmland inaccessible for heavy machinery.	
Property Owners:	
	or municipal property tax bill will provide the property description and parcel roll number. Unusual 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	
	South Talbot Rd, Tecumseh Ontario N0R1K0
	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.

Sole Ownership Individual or Sole Ownership **Śignature** Name (Last Name, First Name) Date (yyyy/mm/dd) 2019/10/30 Enter the mailing address and primary contact information of property owner below: First Name Last Name Middle Initial Mailing Address **Unit Number** Street/Road Number | Street/Road Name PO Box City/Town Postal Code Province Maidstone Ontario NOR 1KO Telephone Number Cell Phone Number (Optional) Email Address (Optional) To be completed by recipient municipality: Signature of Clerk Name of Clerk (Last Name, First Name)

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