## **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 TECOMSEM				
Re:	MERRICK CREEK DRAIN				
	(Name of Drain)				
In accordance with section 78(1) of the <i>Drainage Act</i> , 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;					
<ul> <li>Constructing, reconstructing or extending embankments, walls, dykes, dams, reservoirs, pumping stations or other protective works in connection with the drainage works;</li> </ul>					
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.				
Prov	ide a more specific description of the proposed drain improvement you are requesting:				
BRUSHING TRAIN BANK DOAN PAN,					
EXCAVATING & GRADING DRAIN PAW FROM BITI CONCESSION BRIDGE TO					
0	PUTLET OF MERRICK CREEK IRAN WITHIN TOWN OF TECCHSEH				
Prop	erty Owners:				
	ur municipal property tax bill will provide the property description and parcel roll number.  ural areas, the property description should be in the form of (part) lot and concession and civic address.				
	urban areas, the property description should be in the form of street address and lot and plan number, if available.				
Prop	on 85 PT LOT 5				
Ward	Parcel Roll Number 4200006500000				

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.

Color Ossite Samp Type Poly 1888				
Enter the mailing address and primary contact information of propert	ý owner below:			
Last Name	Eiret Namo	Middle Initial		
Mailing Address				
Unit Number Street/Road Number Street/Road Name		РО Вох		
City/Town MAIDSTONE	Province ONTARIO	Postal Code		
Telephone Number   Cell Phone Number (Optional)	Email Address (Optional)			
To be completed by recipient municipality:				
Notice filed this 15 day of November 20 18	*			
Name of Clark (Last Name First Name)	Signature of Clerk			

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