Notice of Request for Drain Maintenance and/or Repair

Drainage Act, R.S.O. 1990, c. D.17, subs. 79(1)

To:	The Clerk of the Corporation of the	Town	of Tecumseh	Western Committee of the Committee of th				
Re:	South Talbot East Drain							
	, (Name of Drain)							
In accordance with section 74 and 79(1) of the <i>Drainage Act</i> , take notice that I, as a person affected by the above mentioned drain, request that It be maintained and repaired.								
Provide a brief description of how you are affected by the condition of this drain:								
Add rock chutes between surface drainage and Municipal Drain. Would like to clean silt from washout into drain								
Prop	perty 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 Concession 12 Gore EPT 2 to 3, 12851 South Talbot Road								
	or Geographic Township		Parcel Roll Number					
war		37444000005600.0000						
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 drain maintenance and/or repair.								
Parl	nership	,						
Partnership (Each partner in the partnership must complete this section).								
	Name (Last Name,	First Name)	Signature	Date (yyyy/mm/dd)				
Ric	hard Chapman		A Chapm-	2021/04/14				
Pan	nela Chapman		2 Chanu	2021/04/14				
	3							

Enter the mailing address and primary contact information:								
Last Name Chapman			First Name Richard	Middle Initial A				
Mailing Address								
Unit Number		Street/Road Name		PO Box				
	12851	South Talbot Road						
City/Town			Province	Postal Code				
Maidstone			Ontario	NOR 1K0				
Telephone Number Cell Phone Number (Optional)			Email Address (Optional)					
519 737-9433			ravenmaniac@xplornet.com					
To be completed by recipient municipality: Notice filed this 16 th day of APRIL 20 21								
Name of Clerk (Last Name, First Name) Signature of Clerk								
Moy	(Kama Mry)							