

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 Municipality of North Huron

Re: Sturdy Drain - F Branch
(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:

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

Concession 1 W Pt Lot 30 (38726 Blyth Rd)

Ward or Geographic Township

East Wawanosh Ward

Parcel Roll Number

40 50 580 001 00800 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 a drain improvement.

Select Ownership Type

Enter the mailing address and primary contact information of property owner below:

Last Name <i>MAUWELAERTS</i>	First Name <i>DIRK</i>	Middle Initial <i>F. J.</i>
---------------------------------	---------------------------	--------------------------------

Mailing Address

Unit Number	Street/Road Number <i>83671</i>	Street/Road Name <i>SCOTT LING</i>	PO Box
City/Town <i>BLYTH</i>	Province <i>ONT</i>		Postal Code <i>N0M1H0</i>
Telephone Number <i>519 523 4392</i>	Cell Phone Number (Optional) <i>519 531 0230</i>	Email Address (Optional) <i>mauwelaerts.d@live.ca</i>	

To be completed by recipient municipality:

Notice filed this *26th* day of *October* 20 *16*

Name of Clerk (Last Name, First Name) <i>Adams, Kathy</i>	Signature of Clerk <i>[Signature]</i>
--	--

