

Notice of Request for Drain Major Improvement *Drainage Act*, R.S.O. 1990, c. D.17, subs. 78 (1.1)

To: The Council of the Corporation of the Municipality	of West Elgin
Re: Eastlake Drain	
(1)	Name of Drain)
In accordance with section 78 (1.1) of the <i>Drainage Act</i> , take mentioned drain be improved.	notice that I, as owner of land affected, request that the above
The Major Improvement Project work being requested is (che	eck all appropriate boxes):
Changing the course of the drainage works;	
Making a new outlet for the whole or any part of the drain	age works;
Constructing a tile drain under the bed of the whole or an	y part of the drainage works;
Constructing, reconstructing or extending bridges or culve	erts;
Extending the drainage works to an outlet;	
☐ Improving or altering the drainage works if the drainage w	vorks 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 the	an an activity prescribed by the Minister as a minor improvement.
Provide a more specific description of the proposed drain ma	ajor improvement you are requesting:
Enclosing a portion of the open drain to improve the wo	orkability of the land
Property Owners	
Your municipal property tax bill will provide the property de	scription and parcel roll number.
• In rural areas, the property description should be in the form	m of (part) lot and concession and civic address.
• In urban areas, the property description should be in the fo	rm of street address and lot and plan number, if available.
Property Description Con. 11 S Pt Lot A , Con. 11 SW1/4 Lot B	
Ward or Geographic Township	Parcel Roll Number
Aldborough	3434000040002

and the name and corporate position of the authorized officer. Only the owner of the property may request a drain improvement.

If property is owned in partnership, all partners must be listed. If property is owned by a corporation, list the corporation's name

Ownership								
Corporation		If you ne	ed to provid	de addi	tional informat	ion, please attac	h along with this form.	
Corporation (The	individu	al with auth	ority to bin	d the	corporation m	ust sign the fo	rm)	
Name of Signing Of	e of Signing Officer (Last, First Name) (Type/Print)				Position Title			
Miller , Mike						President		
Name of Corporatio	n							
571419 Ontario Li	mited							
I have the authority	to bind the	Corporation.						
Signature				Date (yyyy/mm/dd)				
	-	11				2023/01	104	
Enter the mailing	address	and primar	y contact ii	nforma	ition of prope	rty owner belo	w:	
Last Name Miller					First Name Mike		Middle Initial	
Mailing Address								
Unit Number	Street/Roa 22727	ad Number	Street/Road Silver Clay				РО Вох	
City/Town Rodney					Province Ontario		Postal Code N0L 2C0	
Telephone Number		Cell Phone Number (Optional) 519-868-2033		tional)	Email Address (Optional)			
To be completed by	recipient m	nunicipality:						
Notice filed this	5 7h d	ay of <u>Jac</u>	nuary	20 23	3			
Name of Clerk (Last, First Name)			Signature of Cl	erk				

Nothercott, Jana