

**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: Mills Drain

(Name of Drain)

In accordance with section 78 (1.1) of the *Drainage Act*, take notice that I, as owner of land affected, request that the above mentioned drain be improved.

The Major Improvement Project 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;
- ☐ Extending the drainage works to an outlet;
- ☐ Improving or altering the drainage works if the drainage works 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 than an activity prescribed by the Minister as a minor improvement.

Provide a more specific description of the proposed drain major improvement you are requesting:

Landowner wishes to enclose part of the drain to increase farmability

## 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

Con. 9 Lots 11 , 12

Ward or Geographic Township

Aldborough

Parcel Roll Number

343400003012000

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 of the property may request a drain improvement.

## Ownership

### Corporation

If you need to provide additional information, please attach along with this form.

### Corporation (The individual with authority to bind the corporation must sign the form)

Name of Signing Officer (Last, First Name) (Type/Print)

Simon , Mike

Position Title

President

Name of Corporation

1000728899 Ont. Inc.

I have the authority to bind the Corporation.

Signature

Date (yyyy/mm/dd)

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

Last Name

Simon

First Name

Mike

Middle Initial

### Mailing Address

Unit Number

Street/Road Number

Street/Road Name

PO Box

City/Town

Duart

Province

On.

Postal Code

NOL 1H0

Telephone Number

Cell Phone Number (Optional)

Email Address (Optional)

To be completed by recipient municipality:

Notice filed this

23<sup>rd</sup>

day of

April

20

25

Name of Clerk (Last, First Name)

TOWSTINE, TERRI

Signature of Clerk