

To: The Council of the Corporation of the Municipality of West Elgin

Re: Fleuren 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:

Extending the drain under the roadway to provide a legal outlet for future tiling of property.

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.3 Pt. Lots 24,Y

Ward or Geographic Township
Aldborough

Parcel Roll Number
343400007004500

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

Sole Ownership

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

Sole Ownership

Owner Name (Last, First Name) (Type/Print)	Signature	Date (yyyy/mm/dd)
Tait, Rob	[Redacted Signature]	2025/06/03

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

Last Name	First Name	Middle Initial
Tait	Rob	

Mailing Address

Unit Number	Street/Road Number	Street/Road Name	PO Box
	[Redacted]	[Redacted]	
City/Town	Province	Postal Code	
Dutton	On.	N0L 1J0	
Telephone Number	Cell Phone Number (Optional)	Email Address (Optional)	
[Redacted]			

To be completed by recipient municipality:

Notice filed this 3rd day of JUNE 20 25

Name of Clerk (Last, First Name)	Signature of Clerk
<u>TOWSTINE, TERRY</u>	