

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 West Elgin _____

Re: Poolc Outlet Drain
(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:

Re - routing open drain that cuts across corner
of farm field thus eliminating a farm crossing

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 5 S Pt lots 1, B

Ward or Geographic Township

Aldborough

Parcel Roll Number

020-00500

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.

Corporation**Corporate Ownership**

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

Fleuren, Marijn

Name of Corporation

FLEUREN AGRI INC.

Position Title

President

Signature



Date (yyyy/mm/dd)

2020/09/30

I have the authority to bind the Corporation.

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

Last Name

MAR FLEUREN

First Name

MARIJN

Middle Initial

Mailing Address

Unit Number

Street/Road Number

20591

Street/Road Name

McDougall Line

PO Box

City/Town

Rodney

Province

ON

Postal Code

N0L 2C0

Telephone Number

519-636-8969

Cell Phone Number (Optional)

Email Address (Optional)

To be completed by recipient municipality:

Notice filed this 30th day of September 20 20

Name of Clerk (Last Name, First Name)

Nethercott, Jana

Signature of Clerk

