## Notice of Request for Drain Improvement Drainage Act, R.S.O. 1990,c. D.17, subs. 78(1)

o: The Council of the Corporation of the Municipality	y of Middlesex Centre					
e: Dale Municipal Drain						
	(Name of Drain)					
a accordance with section 78(1) of the <i>Drainage Act</i> , thentioned drain be improved.	take notice that I/we, as owner(s) of land affected, request that the above					
he work being requested is (check all appropriate bo	xes):					
Changing the course of the drainage works;						
Making a new outlet for the whole or any part o	f the drainage works;					
Constructing a tile drain under the bed of the w	whole or any part of the drainage works;					
Constructing, reconstructing or extending brid	ges or culverts;					
Constructing, reconstructing or extending emb stations or other protective works in connection	pankments, walls, dykes, dams, reservoirs, pumping on 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:					
Drain is not able to handle flows. Needs to be in						
Property Owners:						
Your municipal property tax bill will provide the property						
In rural areas, the property description should be in the f						
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 N Pt Lot 11						
Vard or Geographic Township Lobo Twp	Parcel Roll Number 39-39-000-040-138					

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.

## Partnership

Partnership (Each	partner in the partnership n	nust complete this section).			
	Name (Last Name, F	irst Name)	Signature		Date (yyyy/mm/dd)
Dale, Judith			- Ju	dith Dale	Feb. 6/21
Dale, Michael			1	7/26	Geb //
	-				1
,51 -5	E. April 1985				to antique of the
Enter the mailing a	ddress and primary conta	act information of property	y owner below:		
Last Name Dale			First Name Michael		Middle Initial
Mailing Address					
Unit Number	Street/Road Number 10681	Street/Road Name Hedley Drive			PO Box
City/Town Ilderton			Province ON		Postal Code N0M 2A0
Telephone Number 519 521-8864	(		Email Address (Optional) mikedale.inceg mail-		
To be completed by	y recipient municipality:		1-4 -	town straining a s	m. 1. m.,
		24			
totice filed this /	th day of Februa	20 <u>24</u>			
Name of Clerk (Last Name, First Name)			Signature of Cler	rk	
Hutson, James			1200	land let	

