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 Middlesex Centre
Re:	Lenders Municipal Drain Branch A
(Name of Drain)	
In accordance with section 78(1) of the <i>Drainage Act</i> , 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;
L	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:	
Branch A upstream of Branch B is undersized for the flows it is currently experiencing. Landowner is looking to utilize and incorporate a private tile to increase the capacity of the Municipal Drain to todays standards.	
Prop	erty Owners:
Your municipal property tax bill will provide the property description and parcel roll number.	
	ral areas, the property description should be in the form of (part) lot and concession and civic address.
• In u	rban areas, the property description should be in the form of street address and lot and plan number, if available.
Con	rty Description 11 S Pt Lot 20
	or Geographic Township Parcel Roll Number
Lob	39~39~000~050~083
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.

Sole Ownership Individual or Sole Ownership Name (Last Name, First Name) Signature Date (yyyy/mm/dd) Charlton, Todd Enter the mailing address and primary contact information of property owner below: First Name Last Name Middle Initial Todd Charlton Mailing Address Unit Number Street/Road Number | Street/Road Name PO Box 11808 Charlton Dr City/Town Province Postal Code Denfield ON NOM 1PO Telephone Number Cell Phone Number (Optional) Email Address (Optional) 519 808-7041 tcharlton@quadro.net To be completed by recipient municipality: Notice filed this 28^{14} day of FEBB UARY20 24

Signature of Clerk

Ontario

Name of Clerk (Last Name, First Name)

HUTSON, JAMES