

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: Taylor Municipal Drain Branch No 1

(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:

Landowner is requesting to enclose the open drain from the top end to Bear Creek Rd. Approximately 350m.

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

S Pt Lot 17 Concession 5

Ward or Geographic Township

Lobo Twp


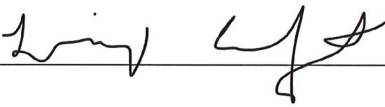
Parcel Roll Number

39-39-000-010-031

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 must complete this section).


Name (Last Name, First Name)	Signature	Date (yyyy/mm/dd)
Loft, Scott		AUG 26
Loft, Lisa		AUG 20
		2021

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

Last Name Loft		First Name Scott	Middle Initial
Mailing Address			
Unit Number	Street/Road Number 13282	Street/Road Name Nine Mile Rd	PO Box
City/Town Ilderton		Province ON	Postal Code N0M 2A0
Telephone Number	Cell Phone Number (Optional)	Email Address (Optional)	

To be completed by recipient municipality:

Notice filed this 24TH day of AUGUST 20 21

Name of Clerk (Last Name, First Name) HUTSON, JAMES	Signature of Clerk 
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