Notice of Request for Drain Improvement

Drainage Act, R.S.O. 1990,c. D.17, subs. 78(1)

The Council of the Corporation of the \underline{Town} of $\underline{Kingsville}$					
West Townline Drain					
(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.					
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.					
ide a more specific description of the proposed drain improvement you are requesting:					
Reconstructing bridge over the West Townline drain at County Road 23 and Kingsville Road 5 West					
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. 					
erty Description					
Intersection of Essex County Road 23 and Kingsville Road 5 West					
f or Geographic Township Parcel Roll Number mer Gosfield South					

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 Ownersh	lp			Assessed only any other section
Name of Signing Off Plancke, Andrew		t Name) (Type/Print)	W.	
Name of Corporation			Position Title	
Town of Kingsville			Director of Municipal Services	
Signature have the authority to bind the Corporation.			Date (yyyy/mm/dd) 2017/03/15	
Enter the mailing add	iress and primary cor	tact information of property	owner below:	
Last Name Vegh			First Name Ken	Middle Initial
Mailing Address Unit Number Street/Road Number Street/Road Name 2021 Division Road North		1	PO Box	
City/Town Kingsville			Province Ontario	Postal Code N9Y 2Y9
Telephone Number Cell Phone Number (Optional) 519 733-2305		Email Address (Optional) kvegh@kingsville.ca		
To be completed by Notice filed this 20	recipient municipality day of March	: 20 <mark>17</mark>		
Name of Clerk (Last Name, First Name)			Signature of Clerk	w. • • • • • • • • • • • • • • • • • • •
Astrologo, Jennifer				



