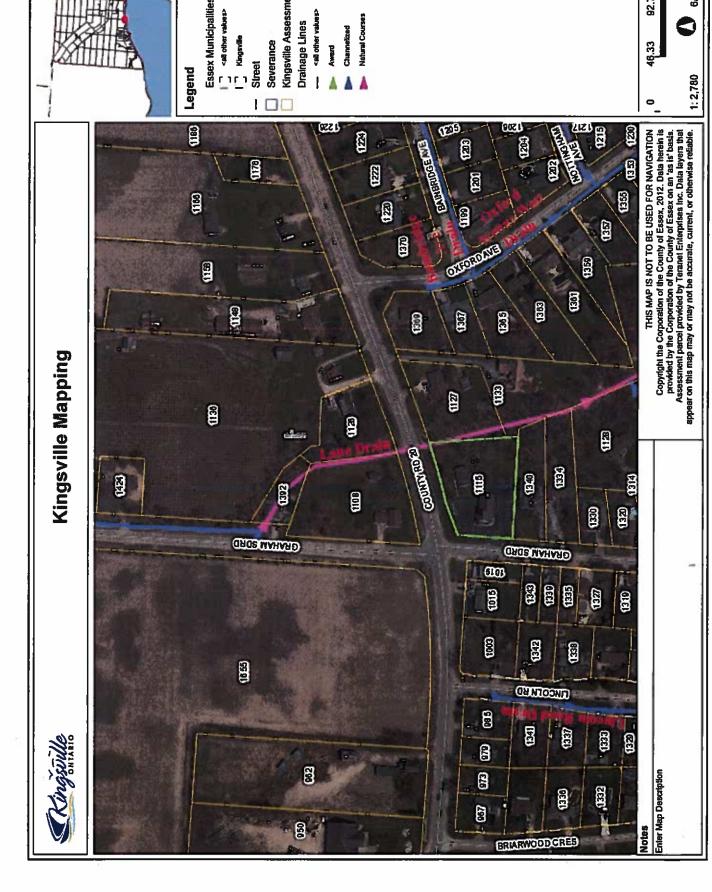
Notice of Request for Drain Improvement Drainage Act, R.S.O. 1990,c. D.17, subs. 78(1)

To: The Council of the Corporation of the Town	of Kingsville
Re: Lane Drain	
	(Name of Drain)
in accordance with section 78(1) of the <i>Drainage Act</i> , take a mentioned drain be improved.	notice that liwe, as owner(s) of land affected, request that the above
The work being requested is (check all appropriate boxes):	· ·
Changing the course of the drainage works;	80
liaking 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 of	or cuiverts;
Constructing, reconstructing or extending embanics stations or other protective works in connection with	nents, walle, dykes, dams, reservoirs, pumping in the drainage works;
✓ Otherwise improving, extending to an outlet or alter	ing 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 impro	overnent you are requesting:
Extending Lane Drain to a sufficient outlet as performs out on the Lane Drain to the sufficient outlet	rming the required repairs and improvements from Road 2 East
Property Owners:	
 Your municipal property tax bill will provide the property descr In rural areas, the property description should be in the form In urban areas, the property description should be in the form 	of (part) lot and concession and civic address.
Property Description 1115 Seacliff Drive. N9Y2L8. Kingsville On, Con1	ED Pt Lot 7
Ward or Geographic Township Former Gosfield South	Parcel Roll Number 300-15500
If property is owned in partnership, all partners must be listed. It and corporate position of the authorized officer. Only the owner	If property is owned by a corporation, list the corporation's name and the name (a) of the property may request a drain improvement.

Corporation	_				
Corporate Ovine	rithip				The state of the s
Name of Signing	Officer (Last Nar	na First N	Jame \ (Tana/Print)	RICHARD	
Name of Corporation A ITH REFORMED CHURCH - KINGSUILLE					
TH REFO	rmesc	HURCI	4- KINGSVILLE	PRESIDENT	-
Signature ////				Date (yyy/mm/dd)	
I have the authority to bind the Corporation.			Corporation.	2017/04/05	
Enter the mailing a	iddress and prim	ary conta	ct information of property	owner below:	ALLIES VISCO
Last Name Dekker				First Name George	Middle tnitial
Mailing Address Unit Number	Street/Road	Number	Street/Road Name Seacliff Dr.		PO Box
City/Town			·	Province	Postal Code
Kingsville				ON	N9Y 2L8
Telephone Number (Optional)		Email Address (Optional)			
To be completed t	The state of the s		20 7		
Name of Clerk (Lest Name, First Name)		Signature of Clerk			
Astrologo, Jennifer		HStrologo"			





Kingsville Assessment

Severance

<all other values>

Drainage Lines

Natural Courses

Essex Municipalities

92.7 Meters

46.33

6/1/2017