

Notice of Appeal to Court of Revision
Drainage Act, R.S.O. 1990, c. D.17, subs. 52(1) and 76(4)

To: The Clerk of the Corporation of the Town of kingsville

Re: esseltine drain

(Designation of drainage works)

Take notice that I/we, an owner or owners of land assessed for the above-mentioned drainage works, appeal to the Drainage Court of Revision under:

- ☒ Section 52 (1) for the construction or improvement of a drain; or
- ☐ Section 76 (4) for the development of a new assessment schedule for the drain on the grounds that:
- ☒ My/our land has been assessed too high;
 - ☐ My/our land has been assessed too low;
 - ☐ Other land or road has been assessed too high;
 - ☐ Other land or road has been assessed too low;
 - ☐ Other land or road that should have been assessed has not been assessed;
 - ☐ Due consideration has not been given as to type of use of land.

Include Details of Appeal (attach additional pages if needed):

the assessment is too high and has gone up from previous assessment

Property Owners Appealing to Court of Revision

- 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.
- If appealing to Court of Revision regarding multiple properties, attach additional page with property information.

Property Description

1586 county rd 34 e con 2 ed pt lot 10 rp12r

Ward or Geographic Township

kingsville

Parcel Roll Number

290-000-27800-0000

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 appeal to the Court of Revision.

Sole Ownership

Individual or Sole Ownership


Name (Last Name, First Name)	Signature	Date (yyyy/mm/dd)
<u>mastronardi, maria</u>	<u>Maria Mastronardi</u>	<u>2018/03/20</u>

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

Last Name mastronardi		First Name maria		Middle Initial b
Mailing Address				
Unit Number	Street/Road Number 1586	Street/Road Name county rd 34		PO Box 191
City/Town ruthven			Province on	Postal Code N0P 2G0
Telephone Number <div></div>	Cell Phone Number (Optional)		Email Address (Optional)	

To be completed by recipient municipality:

Notice filed this 23 day of March 20 18

Name of Clerk (Last Name, First Name) ASTROLOGO, JENNIFER	Signature of Clerk 
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