

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 kingville

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):

assessment too high and is higher then 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

1586b county rd 34 con 2 ed pt lot 10 rp 12r14055 part 2

Ward or Geographic Township

kingville

Parcel Roll Number

290-000-27710-0000

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, tony and linda</u>	<u>Tony Mastronardi</u>	<u>2018/03/20</u>
<u>MASTRONARDI, LINDA</u>	<u>Linda Mastronardi</u>	<u>2018/03/23</u>

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

Last Name mastronardi		First Name tony	Middle Initial
Mailing Address			
Unit Number	Street/Road Number 1586b	Street/Road Name county rd 34	PO Box 297
City/Town ruthven		Province on	Postal Code N0P 2G0
Telephone Number [REDACTED]	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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