## 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 Extension							
		(Designation o	f drainage works)					
	e notice that I/we, an owner or ownersion under:	ers of land assessed for the al	pove-mentioned drainage works, appeal to	o the Drainage Court of				
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): Explanation of why we are \$600.00 more than our neighbours							
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.								
<ul> <li>In urban areas, the property description should be in the form of street address and lot and plan number, if available.</li> </ul>								
If appealing to Court of Revision regarding multiple properties, attach additional page with property information.								
Property Description 1513 Woodfern Kingsville On								
	ard or Geographic Township Parcel Roll Number							
For	Former Gosfield South 300-2931							
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.								
Partnership .								
Partnership (Each partner in the partnership must complete this section).								
Nam	e (Last Name, First Name)		Signature	Date (yyyy/mm/dd)				
Scr	atch, Darrell		Saull Sucht	2018/03/23				
Ser	atch, Julie		Julie Scratch	2018/03/23				
		-						

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Enter the mailing	address and primary conta	ct information of property	owner below:	
Last Name Scratch			First Name Darrell	Middle Initial J
Mailing Address	5			
Unit Number	Street/Road Number	Street/Road Name Wood-Pern		PO Box 129
City/Town Kingsville	•		Province On	Postal Code N0P 2G0
Telephone Numb	per Cell Ph	one Number (Optional)	Email Address (Optional)	
	by recipient municipality:	20 18		
Name of Clerk (L	.ast Name, First Name)		Signature of Clerk	16
Astrologo, Jen			Herrorogo.	

