

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 City of KAWARTHA LAKES

Re: HUGH DAVIDSON DRAIN
(Name of Drain)

In accordance with section 78(1) of the *Drainage Act*, take notice that I/we, as owner(s) of land affected, request that the above mentioned drain be improved.

The 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.

Provide a more specific description of the proposed drain improvement you are requesting:

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.

Property Description <i>Conc 8 PTW 1/2 lot 19</i>	
Ward or Geographic Township <i>4 / Mariposa</i>	Parcel Roll Number <i>1100302</i> <i>1651 00000000 3400 0000</i>

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.

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AUG 18 2020

OFFICE OF THE CITY CLERK
KAWARTHA LAKES

Sole Ownership

Individual or Sole Ownership

Name (Last Name, First Name) <i>Ed Bagshaw</i>	Signature 	Date (yyyy/mm/dd) <i>2020/08/17</i>
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Enter the mailing address and primary contact information of property owner below:

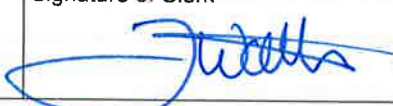
Last Name <i>Bagshaw</i>	First Name <i>Ed</i>	Middle Initial
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Mailing Address

Unit Number	Street/Road Number <i>1299</i>	Street/Road Name <i>Elm Tree Rd.</i>	PO Box
City/Town <i>Lindsay</i>	Province <i>Ont.</i>	Postal Code <i>K9V 4R2</i>	
Telephone Number <i>705-324-4498</i>	Cell Phone Number (Optional)	Email Address (Optional) <i>frmed@i-zoom.net</i>	

To be completed by recipient municipality:

Notice filed this 18 day of AUGUST 20 20

Name of Clerk (Last Name, First Name) <i>WATTS, JOEL</i>	Signature of Clerk 
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KAWATHA TOWN

