

# 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

Conc 8 PTW 1/2 lot 19

Ward or Geographic Township

4 / Mariposa

Parcel Roll Number

1100302  
1651 ~~00000000~~ 3400 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 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) <u>Ed Bagshaw</u>	Signature 	Date (yyyy/mm/dd) <u>2020/08/17</u>
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Enter the mailing address and primary contact information of property owner below:

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

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

To be completed by recipient municipality:

Notice filed this 18 day of AUGUST 20 20

Name of Clerk (Last Name, First Name) <u>WATTS, JOEL</u>	Signature of Clerk 
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OFFICE OF THE CLERK  
MUNICIPALITY OF LINDSAY