

**Notice of Request for Drain  
Major Improvement  
Drainage Act, R.S.O.  
1990, c. D.17, subs. 78 (1.1)**

To: The Council of the Corporation of the County of Norfolk

Re: Prescott Drain Branch E  
(Name of Drain)

In accordance with section 78 (1.1) of the *Drainage Act*, take notice that I, as owner of land affected, request that the above mentioned drain be improved.

The Major Improvement Project 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;
- ☐ Extending the drainage works to an outlet;
- ☐ Improving or altering the drainage works if the drainage works is located on more than one property;
- ☒ Covering all or part of the drainage works;
- ☐ Consolidating two or more drainage works; and/or
- ☐ Any other activity to improve the drainage works, other than an activity prescribed by the Minister as a minor improvement.

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

Covering the Drain

**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

Part of Lot 1, Concession 2

Ward or Geographic Township

Townsend

Parcel Roll Number

336-010-20700

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 of the property may request a drain improvement.

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## Ownership

Sole Ownership

If you need to provide additional information, please attach along with this form.

### Sole Ownership

Owner Name (Last, First Name) (Type/Print)	Signature	Date (yyyy/mm/dd)
Lannigan, Kerry		2021/11/09

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


Last Name Lannigan	First Name Kerry	Middle Initial F
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### Mailing Address

Unit Number	Street/Road Number 4378	Street/Road Name Highway 24 RR3	PO Box
City/Town Scotland	Province Ontario	Postal Code N0E 1R0	
Telephone Number 519-753-4477	Cell Phone Number (Optional) 519-753-4477	Email Address (Optional) kerlan@hotmail.ca	

To be completed by recipient municipality:

Notice filed this 15 day of November 20 21

Name of Clerk (Last, First Name) VanPaemel, Krista	Signature of Clerk 
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