

MUNICIPALITY OF SOUTH HURON

MUNICIPAL DRAIN MAINTENANCE REQUEST FORM

I, _____ hereby request maintenance of the _____
Municipal Drain, located on Lot _____, Concession _____ or
911 address _____ of _____ Ward.

WORK REQUESTED:

PLACEMENT OF SPOIL:

LEVELLING OF SPOIL:

TERMS OF REPAIR:

I/we, the undersigned, do agree to the terms of this repair and agree to allow this project to be excavated at a time when conditions for excavating the drainage works are sufficient to meet the Ministry of Fisheries and Oceans requirements and are such that a proper job can be done.

I/we understand that no crop damages can be paid under this section of the Drainage Act. The repair is done on a machine-hourly basis and that the project is under the supervision of the Drainage Superintendent.

ACKNOWLEDGEMENT:

I hereby acknowledge that the Municipality of South Huron Council will not pay invoices for drain maintenance work that is arranged for and undertaken by myself or any person other than the Drainage Superintendent.

Land Owner's Signature: _____ Date: _____

Land Owner's Phone Number: _____

APPROVAL:

Drainage Superintendent's Signature: _____