



To: The Clerk of the Corporation of the _____ of _____

Re: Caunt - Laidlaw Municipal Drain
(Designation of drainage works)

Take notice that I/we, an owner or owners of land assessed for the above-mentioned drainage works, appeal to the Drainage Court of Revision under:

- 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.

put applicant
put applicant

Include Details of Appeal (attach additional pages if needed): _____

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.
- In urban areas, the property description should be in the form of street address and lot and plan number, if available.
- If appealing to Court of Revision regarding multiple properties, attach additional page with property information.

Property Description: 518 South Kinloss Ave

Ward or Geographic Township: Huron - Kinloss Twp Parcel Roll Number: 41-07-110-002-11600-0000

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 appeal to the Court of Revision.

Select Ownership Type

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

Last Name <u>Metske</u>		First Name <u>Michael & Tina</u>	Middle Initial
Mailing Address			
Unit Number	Street/Road Number <u>518</u>	Street/Road Name <u>South Kinloss Ave</u>	PO Box
City/Town <u>Lucknow</u>	Province <u>Ontario</u>		Postal Code <u>N0G 2T0</u>

Telephone Number: 519-440-1157
Cell Phone Number (Optional): 519-440-1557
Email Address (Optional): mnt.metske@hurontel.on.ca

To be completed by recipient municipality: Michael Tina

Notice filed this 4th day of March, 2025.

Name of Clerk (Last Name, First Name): White, Jennifer.
Signature of Clerk: J. White

Applicant additionally provided a letter to accompany appeal. JW