466 Sabourin St. St-Pierre-Jolys, MB. Box 40, ROA 1V0 Phone: 204-433-7406 Fax: 204-433-7063

E-mail: tad@rmdesalaberry.mb.ca

DRAINAGE REQUEST FORM

Name:	Ph. No:	Permit No:	
		Dat	e:
Land Description:			
Work Needed:			
Section:			
			North
			\$20-ra22
l,, declare that a De Salaberry to do drainage works beside my pro I agree the dirt from the ditch to be placed on m disperse it on my property within 2 years of th spread the dirt within 2 years, the municipality ca	operty and recognize that crop damag y property and I also agree to receive o se completion of the ditching work. I	e may happer ownership of also understa	n during the ditching process, this dirt and to get rid of it or and that if I fail to get rid or
Applicant Signature:	Signed on the	day	, 20
	FOR OFFICE USE ONLY		
Special Instructions:			
APPROVALS:			
Central Gas Yes No	Water Lines	∐Yes	No
MB Hydro Yes No MTS Yes No	Drainage License Survey	□Yes □Yes	□ No □ No
Municipal Rep. Signature:	Date Work Completed:		