



DRAIN MAINTENANCE REQUEST FORM

CONTACT INFORMATION

Landowner Name: _____
Phone Number: _____
Alternate Phone Number: _____
Email Address: _____

PROPERTY INFORMATION

Civic Number: _____ Street Name: _____
Lot: _____ Concession: _____
Roll Number: _____

REQUEST INFORMATION

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|--|--|
| Name of Drain (if known): | |
| Type of Drain: | |
| Drainage Issue (blockage, washout, etc.): | |
| Cause of Issue (beaver activity, fallen tree, etc.): | |
| Landowners' desired outcome (bottom cleanout, new drain construction, etc.): | |

Form Completed By: _____ Date: _____

Return completed form to drainage@southdundas.com. If you do not have access to a computer, please call 613-543-2673 and ask to speak to the Drainage Superintendent for assistance filling out the form. The Roll number will be located on your Municipal property tax bill.