## FORM 9 CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

57 CATHARINES REGION OF LIAGARA (County/District/Regional Municipality/Town/City in which premises are situated)
1812 Six JSAAC Brock WAY' (street address and city, town, etc., or, if there is no street address, the location of the premises)
This is to certify that the contract for the following improvement:
A/C-5 AHU REHEWAL PROJECT (short description of the improvement)
to the above premises was substantially performed on $\frac{10}{22}$ (date substantially performed)
Date certificate signed: /1/19/2024.
(payment certifier where there is one)  SozeRI63 LOSS 0/3/0 Drack Own  (owner and pontractor, which there is no payment certifier)
(payment certifier where there is one) (owner and configuror, where there is no payment certifier)
Name of owner: Brock University
Address for service: 1812 Sin I SAAC Brock WAY, St. Catharines, ON, L253AI Name of contractor: MATTINA MECHANICAL.
Name of contractor: ATTINA MECHANICAL.
Address for service: 211 Lanark St, Hamilton, ON, L8E 2 Z9
Name of payment certifier (where applicable):
Address:
(Use A or B, whichever is appropriate)
A. Identification of premises for preservation of liens:
PART OF LOTS: 17,18,19+20 CONCESSION 10, FORMETTWP OF -> (if a lien attaches to the premises, a legal description of the premises, including all property identifier numbers and addresses for the premises)
B. Office to which claim for lien must be given to preserve lien:
(if the lien does not attach to the premises, the name and address of the person or body to whom the claim for lien must be given)
GRAHTHAM, NOW the City OF ST. CATHARINES, 18125iR
I SAAC Brock Way, ST CATHARINES, ON, L25 3A1
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