

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

*Construction Act*

**CITY OF MISSISSAUGA**

(County/District/Regional Municipality/Town/City in which premises are situated)

**4005 HICKORY DRIVE - 4035 HICKORY DRIVE - 186588**

(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:

**SUPPLY AND INSTALL ELEVATORS**

(short description of the improvement)

to the above premises was substantially performed on **1 AUGUST 2024**

(date substantially performed)

Date certificate signed: **January 24, 2025**

**Victoria L Taala**

Digitally signed by Victoria L

Taala

Date: 2025.01.24 15:38:33 -05'00'

(payment certifier where there is one)

(owner and contractor, where there is no payment certifier)

Name of owner: **HICKORY LIMITED  
PARTNERSHIP**

Address for service: **4005 HICKORY DRIVE 4035 HICKORY DRIVE MISSISSAUGA ON L4W 1L1**

**TK ELEVATOR ( CANADA)**

Name of contractor: **LIMITED**

Address for service: **2075 KENNEDY ROAD SCARBOROUGH ON M1T 3V3**

Name of payment certifier (where applicable):

Address:

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

**4005 HICKORY DRIVE 4035 HICKORY DRIVE MISSISSAUGA ON L4W 1L1**

(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, a concise description of the premises, including addresses,  
and the name and address of the person or body to whom the claim for lien must be given)