

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

Construction Act

Ingersoll, Ontario

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

29 Noxon St., Ingersoll, Ontario N5C 1B8

(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:

AHI02401 - Alexandra Hospital - Chiller #1 Replacement

(short description of the improvement)

to the above premises was substantially performed on **January 6th, 2025**

(date substantially performed)

Date certificate signed: **January 17th, 2025**

(Nemanja Vujic) 

(payment certifier where there is one)

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

Name of owner: **Alexandra Hospital Ingersoll**

Address for service: **29 Noxon St., Ingersoll, Ontario, N5C 1B8**

Name of contractor: **Culliton Inc.**

Address for service: **473 Duoro St., Stratford, Ontario, N5A 3S9**

Vanderwesten and Rutherford

Name of payment certifier (where applicable): **Associates Inc.**

Address: **7242 Colonel Talbot Rd, London, ON N6L 1H8**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

29 Noxon St., Ingersoll, Ontario, N5C 1B8

(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)