

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

Hagersville, ON

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

75 Parkview Road, Hagersville, ON N0A 1H0

(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:

Mammography Construction Project

(short description of the improvement)

to the above premises was substantially performed on January 24, 2025

(date substantially performed)

Date certificate signed: April 2, 2025

Courtney Laurin

Vice President - HCS

Jeff Suckel



Digitally signed by Jeff Suckel
DN: C=CA, E=jeff.suckel@whgh.ca, O=West
Haldimand General Hospital, CN=Jeff Suckel
Date: 2025.04.02 08:10:47-04'00'

(payment certifier where there is one - signature required)

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

Name of owner: West Haldimand General Hospital

Address for service: 75 Parkview Road, Hagersville, ON N0A 1H0

Name of contractor: Health Care Solutions Inc.

Address for service: 307-390 Bay Street, Sault Ste. Marie, ON P6A 1X2

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

West Haldimand General Hospital, 75 Parkview Road, Hagersville, ON N0A 1H0

(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)