

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

*Construction Act*

**City of Welland**

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

**Various Streets throughout The City of Welland**

(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:

**2024 Sanitary Sewer Rehabilitation Program**

(short description of the improvement)

to the above premises was substantially performed on **May 14, 2025**

(date substantially performed)

Date certificate signed: **June 20, 2025**

*Stefanie De Cicco*

(payment certifier where there is one)

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

Name of owner: **The Corporation of the City of Welland**

Address for service: **60 East Main Street, Welland, ON L3B 3X4**

Name of contractor: **Clearwater Municipal Services**

Address for service: **397 Frankcom Street, Ajax, ON L1S 1R4**

Name of payment certifier (where applicable): **Stefanie DeCicco**

Address: **60 East Main Street, Welland, ON L3B 3X4**

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

(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:

**60 East Main Street, Welland, ON L3B 3X4**

(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)