

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

**Municipality of Meaford**

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

**Trowbridge Street East between Sykes Street North and Bayfield Street**

(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:

**RFT-INF-TS-2021-10 Trowbridge Street Resurfacing and Parking Lot Reconstruction**

(short description of the improvement)

to the above premises was substantially performed on **September 13, 2021**

(date substantially performed)

Date certificate signed: **October 5, 2021**

(payment certifier where there is one)

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

Name of owner: **Municipality of Meaford**

Address for service: **21 Trowbridge Street West, Meaford, Ontario N4L 1A1**

Name of contractor: **Tri-Capital Construction Inc.**

Address for service: **93 Woodstream Blvd Unit 11 Woodbridge Ontario L4L 7Y7**

Name of payment certifier (where applicable):

**JOEL SANDERS**

Address:

(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:

**Municipality of Meaford, 21 Trowbridge Street West, Meaford, Ontario N4L 1A1**

(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)