

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

Construction Act

Town of Meaford

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

229 Nelson St. W., Meaford, ON N4L 1A3

(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:

GBHS Meaford Hospital - Ophthalmology Suite Revisions

(short description of the improvement)

to the above premises was substantially performed on **May 30, 2022**

(date substantially performed)

Date certificate signed: **June 2, 2022**



(payment certifier where there is one)

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

Name of owner: **Grey Bruce Health Services**

Address for service: **1800 8th St. E., Owen Sound, ON N4K 6M9**

Name of contractor: **Quinan Construction Limited**

Address for service: **55 Progress Dr., Unit 1, Orilla, ON L3V 0T7**

Name of payment certifier (where applicable): **David Jackson**

Address: **55 Northland Rd., Waterloo, ON N2V 1Y8**

(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:

Grey Bruce Health Services - 1800 8th St. E., Owen Sound, ON N4K 6M9

(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)