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

Construction Act

City of Toronto		
(County/District/Regional Municipality/Town/City in which premises are situated)		
North York General Hospital, 4001 Leslie St, Toronto, ON, M2K 1E1		
(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:		
Replace window blinds; Replace grilles with anti-ligature; Install Acrovyn; Install anti-ligature sink/faucets; Install security cameras		
(short description of the improvement)		
to the above premises was substantially performed on September 2, 2022		
(date substantially performed)		
Date certificate signed: Sep 11, 2022 Rudy Dahdal		
and Clinical Support		
(Owner) (CONTRACTOR) (payment certifier where there is one) (Owner and contractor, where there is no payment certifier)		
(payment certifier where there is one) (owner and contractor, where there is no payment certifier)		
Name of owner: North York General Hospital		
Address for service: 4001 Leslie St, Toronto, ON, M2K 1E1		
Name of contractor: Sure General Contractors Inc		
Address for service: 215 Midwest Rd, Toronto, ON, M1P 3A6		
Name of payment certifier (where applicable):		
Address:		
(Use A or B, whichever is appropriate)		
A. Identification of premises for preservation of liens:		
North York General Hospital, 4001 Leslie St, Toronto, ON, M2K 1E1		
(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)

MHU Upgrade_Form 9

Final Audit Report

2022-09-11

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