

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

Construction Act

City of Toronto, Canada

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

Toronto General Hospital, 200 Elizabeth Street, Toronto, ON M5G 2C4

(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:

Control Valve Replacement

(short description of the improvement)

to the above premises was substantially performed on April 12, 2023

(date substantially performed)

Date certificate signed: May 19, 2023



(payment certifier where there is one - signature required)



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

Name of owner: University Health Network

Address for service: 200 Elizabeth Street, Toronto, ON M5G 2C4

Name of contractor: Automated Logic - Canada, Ltd.

Address for service: 6060 Burnside Court, Mississauga ON, L5T 2T5

Name of payment certifier (where applicable): University Health Network

Address: 200 Elizabeth Street, Toronto, ON M5G 2C4

(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:

University Health Network 190 Elizabeth Street, Toronto, ON M5G 2C4

(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)