

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

*Construction Act*

**OXFORD COUNTY**

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

**384060 SALFORD ROAD, SALFORD, ON, N0J 1W0**

(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:

**ADDITIONAL SCALE/SCALEHOUSE FOR OXFORD COUNTY WASTE MANAGEMENT FACILITY**

(short description of the improvement)

to the above premises was substantially performed on **MAY 25, 2023**

(date substantially performed)

Date certificate signed: **MAY 29, 2023**



(payment certifier where there is one)

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

Name of owner: **OXFORD COUNTY**

Address for service: **21 REEVE STREET, P.O. BOX 1614, WOODSTOCK, ON, N4S 7Y3**

**ACTIVE SCALE**

Name of contractor: **MANUFACTURING INC.**

Address for service: **PO BOX 2145, 6 YORK ROAD, BRANTFORD, ON, N3T 5Y6**

Name of payment certifier (where applicable): **MELISSA ABERCROMBIE**

Address: **21 REEVE STREET, P.O. BOX 1614, WOODSTOCK, ON, N4S 7Y3**

(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:

**AS ABOVE**

(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)