## FORM 9

## CERTIFICATE OF SUBSTANTIAL PERFORMANCE OF THE CONTRACT UNDER SECTION 32 OF THE ACT

Construction Act

## **CITY OF WINDSOR**

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

|  | Various Locations - City Wide  |
|--|--|
| ( Street add   | ress and city, town, etc. or, if there is no street address, the location of the premises )  |
| This is to see of the second of  |  |
| This is to certify that the contract for the following improvement:                              |  |
|  | Spray Injection Patching - Tender # 06-23 (short description of the improvement)   |
|  |  |
| to the above premises was substantially performed on Jul 12, 2023 (date substantially performed) |  |
| Date certificate signed: Aug 2/23  N/A  Reliable Brack  N/A                                      |  |
| ( payment certifier where there is one ) Shawna Boakes, Executive Director of Operations         |  |
|  | Ali Fayaz  |
|  | ( owner and contractor, where is no payment certifier )  |
| Name of Owner:   | THE CORPORATION OF THE CITY OF WINDSOR   |
| Address for Service:   | 350 CITY HALL SQUARE WEST - SUITE 530, WINDSOR, ONTARIO N9A 6S1  |
| Name of Contractor:  | Alite Road Patching & Road Work Inc.   |
| Address for Service:   | 967 Lake Shore Drive, Windsor, ON, N9G 2R2   |
| Name of Payment Certifier:   | N/A  |
| A 11   | ( where applicable )   |
| Address:   |  |
| ( Use A or B, whichever is appropriate A. Identification of Premis                               | es for Preservation of Liens:  |
|  |  |
|  | where a lien attaches to the premises, a legal description of the premises,<br>including all property identifier numbers and addresses for the premises) |
|  | r lien must be given to preserve lien:   |
| THE CORPORATION OF   | THE CITY OF WINDSOR  |
| ATTENTION: STEVE VLACHODIMOS, CITY CLERK   |  |
| OFFICE OF THE CITY CLERK   |  |
| 350 CITY HALL SQUARE WEST, SUITE 530, WINDSOR, ONTARIO N9A 6S1                                   |  |

(if the lien does not attached to the premises, the name and address of the person or body to whom the claim for lein must be given)