

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

Construction Act

THE CORPORATION OF THE TOWN OF LATCHFORD

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

10 MAIN STREET, LATCHFORD ON.,

(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:

PROJECT NO. NWL- 21005831- TREATMENT PLANT EFFLUENT UV DISINFECTION UPGRADE

(short description of the improvement)

to the above premises was substantially performed on **NOVEMBER 24, 2023**

(date substantially performed)

Date certificate signed: **NOVEMBER 28, 2023**



(payment certifier where there is one)

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

Name of owner: **THE CORPORATION OF THE
TOWW LATCHFORD**

Address for service: **1 MCLEOD AVE, LATCHFORD, ON., P0J 1N0
PEDERSEN CONSTRUCTION**

Name of contractor: **INC.**

Address for service: **177246 BEDARD RD, NEW LISKEARD ON., P0J 1P0**

Name of payment certifier (where applicable): **TYLER WILLIAMS**

Address: **310 WHITEWOOD AVE., NEW LISKEARD, ON., P0J 1P0**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:

Lot 17, Concession 1, Latchford, ON

(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)