

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

Construction Act

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

.....
(street address and city, town, etc., or, if there is no street address, the location of the premises)

.....
(short description of the improvement)

to the above premises was substantially performed on
(date substantially performed)

Date certificate signed:



.....
(payment certifier where there is one)

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

Name of owner:

Address for service:

Name of contractor: Cypruss Contracting Inc

Address for service: 6275 NORTHAM DR, UNIT 2B MISSISSAUGA, ON, L4V 1Y8

Name of payment certifier (where applicable):

Address:

(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:

.....
(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)