

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

Construction Act

Tillsonburg

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

167 Rolph St. Tillsonburg ON N4G 3Y9

(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:

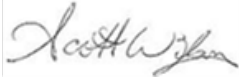
Tillsonburg District General Hospital Air Handling Unit Upgrade

(short description of the improvement)

to the above premises was substantially performed on **6 February 2024**

(date substantially performed)

Date certificate signed: **6 February 2024**



(payment certifier where there is one)

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

Name of owner: **Tillsonburg General Hospital**

Address for service: **167 Rolph St. Tillsonburg ON N4G 3Y9**

Name of contractor: **Culliton Inc.**

Address for service: **473 Douro St. Stratford ON N5A 6W3**

Name of payment certifier (where applicable): **Chorley + Bisset Ltd.**

Address: **800 - 201 Queens Ave. London ON N6A 1J1**

(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:

Tillsonburg General Hospital 167 Rolph St. Tillsonburg ON N4G 3Y9

(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)