

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

*Construction Act*

**Alliston, Ontario**

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

**200 Fletcher Crescent**

(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:

**Window and Curtain Wall Replacement**

(short description of the improvement)

to the above premises was substantially performed on **31<sup>st</sup> March 2024**

(date substantially performed)

Date certificate signed: **17<sup>th</sup> April 2024**

**Chander Thusu**



(payment certifier where there is one)

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

Name of owner: **Stevenson Memorial Hospital**

Address for service: **200 Fletcher Crescent, Alliston, ON**

Name of contractor: **Lambton Glass and Mirror Ltd.**

Address for service: **31 Artisans Crescent, London, ON**

Name of payment certifier (where applicable): **Rimkus Consulting Group  
Canada, Inc.**

Address: **2121 Argentia Road, 4<sup>th</sup> Floor, Mississauga, ON L5N 2X4**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**Stevenson Memorial Hospital, 200 Fletcher Crescent, Alliston, 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)