

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

*Construction Act*

**City of St. Thomas**

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

**189 Elm Street**

(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:

**Mental Health Seclusion Room Renovations**

(short description of the improvement)

to the above premises was substantially performed on **March 31, 2024**

(date substantially performed)

Date certificate signed: **April 8, 2024**



(payment certifier where there is one)

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

Name of owner: **St. Thomas Elgin General Hospital**

Address for service: **189 Elm Street, St. Thomas, ON N5R 5C4**

Name of contractor: **Tonda Construction Limited**

Address for service: **1085 Wilton Grove Road, London, ON N6N 1C9**

Name of payment certifier (where applicable): **architects Tillmann Ruth Robinson inc.**

Address: **700 - 200 Queens Avenue, London, Ontario N6A 1J3**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

**189 Elm Street, St. Thomas, ON. Plan 254 PT LOT 43 PT RD ALLOW RP11R9717**

(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)