

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

City of Toronto, Ontario

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

2867 Ellesmere Road, Toronto, Ontario M1E 4B9

(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:

Scarborough and Rouge Hospital Pharmacy Clean Room

(short description of the improvement)

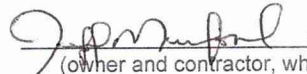
to the above premises was substantially performed on November 1st, 2020

(date substantially performed)

Date certificate signed: January 6th 2021

N/A

(payment certifier where there is one)


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

Name of owner: Scarborough Health Network

Address for service: 2867 Ellesmere Road, Toronto, Ontario M1E 4B9

Name of contractor: Labworks International Incorporated

Address for service: 595 Cityview Boulevard Unit 11, Woodbridge, Ontario L4H 3M7

Name of payment certifier (where applicable): _____

Address: _____

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

2867 Ellesmere Road, Toronto, Ontario M1E 4B9

(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)

