

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

**TOWN OF ORANGEVILLE**

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

**100 ROLLING HILLS DRIVE, ORANGEVILLE**

(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:

**ENTRANCE CANOPY**

(short description of the improvement)

to the above premises was substantially performed on **March 1, 2021**  
(date substantially performed)

Date certificate signed: **March 10, 2021**

  
(payment certifier where there is one)

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

Name of owner: **HEADWATERS HEALTH CARE CENTRE**

Address for service: **100 ROLLING HILLS DRIVE, ORANGEVILLE L9W 4X9**

Name of contractor: **REA INVESTMENTS, O/A REA CONSTRUCTION**

Address for service: **70 DEERHIDE CR. NORTH YORK, ON M9M 2Y6**

Name of payment certifier (where applicable): **Dickinson + Hicks Architects Inc.**  
**Mark Hicks, PARTNER**

Address: **45 Mill Street, Orangeville, ON**

(Use A or B, whichever is appropriate)

☒ A. Identification of premises for preservation of liens:  
**100 ROLLING HILLS DRIVE, ORANGEVILLE**

(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)