

FORM 9

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

**CITY OF WINDSOR**

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

**VARIOUS AREAS WITHIN THE CITY OF WINDSOR**

*( 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:

**UTILITY CUT RESTORATION AND CONCRETE REPAIRS - TENDER 7-23**

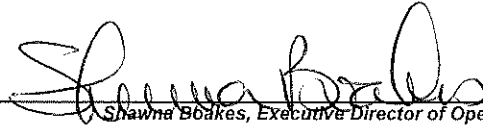
*( short description of the improvement )*

to the above premises was substantially performed on

**NOVEMBER 17, 2023**

*( date substantially performed )*

Date certificate signed: NOV. 27, 2023



*( Shawna Borkes, Executive Director of Operations )*

**N/A**

*( payment certifier where there is one )*

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

Name of Owner:

**THE CORPORATION OF THE CITY OF WINDSOR**

Address for Service:

**350 CITY HALL SQUARE WEST - SUITE 530, WINDSOR, ONTARIO N9A 6S1**

Name of Contractor:

**AMICO INFRASTRUCTURES INC.**

Address for Service:

**2199 Blackacre Drive, Oldcastle, Ontario, N0R 1L0**

Name of Payment Certifier:

**N/A**

*( where applicable )*

Address:

*( Use A or B, whichever is appropriate )*

**A. Identification of Premises for Preservation of Liens:**

*(where 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:**

**THE CORPORATION OF THE CITY OF WINDSOR  
ATTENTION: STEVE VLACHODIMOS, CITY CLERK  
OFFICE OF THE CITY CLERK**

**350 CITY HALL SQUARE WEST, SUITE 530, WINDSOR, ONTARIO N9A 6S1**

*(if the lien does not attached to the premises, the name and address of the person or body to whom the claim for lein must be given)*