

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

Construction Act

Wingham

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

270 Carling Terrace Wingham, Ontario N0G 2W0

(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:

Wingham & District Hospital Facility Improvement Project Levels 1, 2, 3

(short description of the improvement)

to the above premises was substantially performed on **July 15, 2020**

(date substantially performed)

Date certificate signed: **July 17, 2020**



K. Demings DIALOG Ontario Inc.

(payment certifier where there is one)

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

Name of owner: **Wingham & District Hospital -
Chuck Meyer**

Address for service: **270 Carling Terrace Wingham, Ontario N0G 2W0**

Name of contractor: **Nith Valley Construction**

Address for service: **568 Huron St. New Hamburg, ON N3A 1J9**

Name of payment certifier (where applicable): **Dialog Ontario Inc.**

Address: **35 John St. Suite 500 Toronto, Ontario M5V 3G6**

(Use A or B, whichever is appropriate)

A. Identification of premises for preservation of liens:

270 Carling Terrace Wingham, Ontario N0G 2W0

(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)