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

Construction Act

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

6 Crescent Road ,
(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:

Royal College of Dental Surgeons of Ontario - Universal Washroom Renovation
(short description of the improvement)

to the above premises was substantially performed on **November 30, 2021** .
(date substantially performed)

Date certificate signed: _____



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

Name of owner: **Royal College of Dental Surgeons of Ontario**

Address for service: **6 Crescent Road**

Name of contractor: **The Michael Thomas Group Inc**

Address for service: **Unit 21 - 344 Edgeley Blvd Concord, ON L4K 4B7**

Name of payment certifier (where applicable): **Sandi Stephenson**

Address: **8038 Yonge Street, Suite 25, Thornhill, ON**

(Use A or B, whichever is appropriate)

☐ A. Identification of premises for preservation of liens:

_____
(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:

Royal College of Dental Surgeons of Ontario, 6 Crescent Road, Toronto, ON, M4W 1T1
(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)