



ACCESSIBILITY COMPLIANCE FORM

I, the undersigned, in submitting the Accessibility Compliance Form (hereinafter “form”) to:

THE CORPORATION OF THE TOWN OF WASAGA BEACH
(hereinafter “Town”)

For:

CONFIRMATION OF ACCESSIBILITY COMPLIANCE

Do hereby make the following statements that I certify to be true and complete in every respect:

I certify, on behalf of _____ that:
Company Name (hereinafter “Company”)

Company Mailing Address (including postal code)

1. I have read and I understand the contents of this Certificate;
2. I understand that if this Certificate is found not to be true and complete in every respect the Town has the authority to discontinue the services of the Company.
3. I am authorized by the Company to sign this Certificate, and to submit on behalf of the Company;
4. I/We acknowledge that as a vendor of the Town of Wasaga Beach we are bound to comply with all accessibility Standards under the *Accessibility for Ontarians with Disabilities Act, 2005* as amended from time to time.
5. I/We declare that I/We have read, understand and will meet or exceed all enacted accessibility Standards as amended from time to time.
6. I/We further declare that I/We will undertake to ensure all employees, agents, volunteers and subcontractors hired by us in completion of our work will also comply with the above Standards. This would include any new employees in the future.

(Printed Name and Signature of Authorized Agent of Bidder)

(Position Title) (Date)

(Email Contact Information)

(Telephone and Fax Contact Information)