

(Telephone and Fax Contact Information)

## **ACCESSIBILITY COMPLIANCE FORM**

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

## THE CORPORATION OF THE CITY OF BARRIE (hereinafter "City")

For:

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 City 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 City of Barrie 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 sub-contractors hired by us in completion of our work will also comply with the above Standards. This would include any new employees in the future.
(Pri	nted Name and Signature of Authorized Agent of Bidder)
(Pos	sition Title) (Date)
(Em	ail Contact Information)