

Organization category Designated Public Sector	Number of employees range 50+
Filing organization legal name The Corporation of the Township of Huron-Kinloss	
Filing organization business number (BN9) 871800736	

Fields marked with an asterisk (*) are mandatory.

D. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

Your organization may be audited to verify compliance.

E. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

Note: It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

Certifier: Someone who can legally bind the organization(s).

Primary Contact: The person who will be the main contact for accessibility issues.

Acknowledgement

I certify that I have the authority to bind all organizations specified in Section A of this form, *

I certify that all the required information has been included in this report, and, *

I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * **2019-06-18**

Certifier information

Last name * Dance		First name * Emily		
Position title * Other	Position title other * Clerk	Business phone number * 519 395-3735	Extension 123	<input type="checkbox"/> Check here if TTY
Email * edance@huronkinloss.com		Alternate phone number	Extension	Fax number 519 395-4107

Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name * Lush		First name * Kelly		
Position title * Other	Position title other * Deputy Clerk	Business phone number * 519 395-3735	Extension 124	<input type="checkbox"/> Check here if TTY
Email * info@huronkinloss.com		Alternate phone number	Extension	Fax number 519 395-4107