

Accessibility Compliance Form

I, the undersigned, do hereby make the following statements that I certify to be true and complete in every respect.

I certify, on behalf of:

(company name and address)

That:

- I/We have read and understand the contents of this Form;
- I/We understand that if this Form is found not be true and complete in every respect that Town has the authority to discontinue the services agreed upon;
- I/We are authorized by the above Company to sign this Form, and to submit it on behalf of the Company we represent;
- I/We acknowledge that as a vendor of the Town of Caledon, we are required to comply with all accessibility Standards under the *Accessibility for Ontarians with Disabilities Act, 2005*, as amended from time to time;
- I/We declare that I/We have read, understand and will meet all legislated accessibility Standards as amended from time to time;
- I/We further declare that I/We will ensure all employees, agents, volunteers and all other employed by us will comply with the accessibility Standards. This includes any new employees obtained in the future.

(printed name)

(position title)

(signature of authorized agent of bidder)

(date)

(email contact information)

(telephone contact information)

Print Completed Form



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