Certifies that this contract number
was completed in compliance with the City of Sarnia’s Fair Wage Policy and Fair Wage Schedule.

Attached is the required records from the Contractor and Sub-Contractors including names, addresses, wages, benefit, vacation paid or provided, and hours worked for all employees that performed work on the construction project.

| Date: |  |
| --- | --- |
| Contractor Name: |  |
| Address: |  |
| Telephone Number: |  |
| E-mail: |  |
| Name and Position of Person Signing (please print): |  |
| Signature: |  |
|  | “ I have the authority to bind the Corporation / Company / Partnership” |