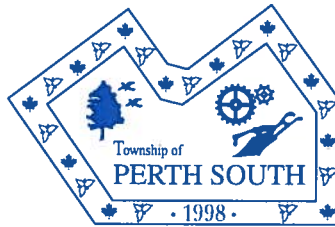


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## CORPORATION OF THE TOWNSHIP OF PERTH SOUTH Contractor Accessibility Agreement

Contractor Name: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ (please print)

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

### Corporate Accessibility Policy:

- I have received and read the 'Township of Perth South Corporate Accessibility Policy'. I understand that I am fully responsible for ensuring that all of our staff and subcontractors comply with all necessary rules and regulations outlined therein and with all applicable **Accessibility for Ontarians with Disabilities Act (AODA)** Regulations.

### Accessibility Standards and the Ontario Human Rights Code Training:

- I confirm that all staff and subcontractors providing goods and services to the public or third parties on behalf of the Township of Perth South have received training on the **Ontario Human Rights Code**, as it pertains to persons with disabilities, and **Ontario Regulation 429/07 Accessible Standards for Customer Service** of the AODA, and **Ontario Regulation 191/11 Integrated Accessibility Standards Regulation** of the AODA, as it pertains to their duties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Sign and Return this Form**