

FOR OFFICE USE ONLY

Date (m/d/y): _____ Time: _____

Attachment #2

This Contractor Agreement and Declaration form must be completed and submitted to the Lac Ste. Anne County Office prior to entering either the Onoway Municipal Cemetery or the Fern Valley Protestant Cemetery.

GENERAL INFORMATION

Cemetery: Onoway Municipal Cemetery Fern Valley Protestant Cemetery

Full name of Contractor: _____

Mailing address: _____

City: _____ Province: _____ Postal code: _____

Tel: _____ Cel: _____ Email: _____

Truck make: _____ Model: _____ Colour: _____ License plate: _____

Type of equipment to be used on site: _____

GST registered account number (if applicable): _____

CONTRACTOR DECLARATION

I am a signing Officer/Employee of _____, and an authorized Employee of the Owner, (hereinafter referred to as "I").

I agree to pay a one-time administration fee of \$25.00 to Lac Ste. Anne County to be recognized as an approved Contractor to be utilized by the public as an excavator of burial plots. In doing so, Lac Ste. Anne County may release my company contact information to any person(s) or company looking to hire a Contractor for excavating grave sites within Lac Ste. Anne County, and may advertise my company's contact information on the County's website.

I agree that if any damage is to happen to any of the monuments, maintenance corridors, grave plots, gates and fences, etc. within either the Onoway Municipal Cemetery or the Fern Valley Protestant Cemetery as a result of my doing, I will be held accountable and pay for all fees incurred.

I acknowledge that it is my responsibility to closely inspect areas immediately before and after the project is complete. In the event damage does exist, I will contact Lac Ste. Anne County Office Administration outlining specifically the damage that exists and request a pre-inspection. I agree not to commence any construction until Lac Ste. Anne County staff have visited the site to confirm the damage.

I have submitted copies of the following:

- Validated Provincial Vehicle Registration(s) for the truck(s) and equipment listed on this form
- Validated Vehicle Certification(s) for the truck(s) and equipment listed on this form
- Valid Insurance indicating a minimum of Two Million Dollar (\$2,000,000.00) Liability Insurance
- Proof that Workers' Compensation Board coverage is current and in good standing (if applicable)

Name of Contractor: _____ Signature: _____

County Representative: _____ Signature: _____

This personal information is being collected in accordance with section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. This information will form part of a file that is publicly available on request. If you have any questions about the collection, use or disclosure of this personal information, please contact Lac Ste. Anne County FOIP Coordinator at the address below.

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