



FORM C- Contractor Accessibility Agreement

Contractor Name: _____

Name of Contact Person: _____ (please print)

Email: _____

Corporate Accessibility Policy:

- I have received and read the **County of Perth 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, 2005 (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 County of Perth 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.

Signature

Date

Please Sign and Return this Form to:

Accessibility Coordinator

1 Huron Street, Stratford, ON N5A 5S4

Email: accessibility@perthcounty.ca

Fax: 519-271-2723