

## Statement of Acknowledgement O. Reg. 191/11 **Customer Service Standard** Pursuant to the AODA, 2005

I		( <b>p</b>	rint name; first a	nd last)	
		(po	osition title) rganization name)		
		(01			
		(contra	act number & pro	oject name)	
hereby acknowledge that Hamilton's AODA <b>Custon</b>	•			•	
I am a:					
(a) volunteer [ ]	(b) agent	[]	(c) contractor	[]	
(d) consultant [ ]	(e) third party	[]	(f) vendor	[]	

for the City of Hamilton. While performing work for the City of Hamilton, I will comply with the requirements of the Handbook and all applicable accessibility laws, regulations and by-laws.

[The following sentence does not apply to volunteers.] Prior to commencing work for the City of Hamilton, I will provide the accessibility training required by the Handbook.

I understand that if I have any questions about any of the information provided to me, I may contact the City of Hamilton Project Manager assigned for this applicable contract or the Human Rights, Diversity and Inclusion, 905 546-2424, Ext. 8080.

Signature

Date

Please return this signed form by mail, email or in person to: Human Rights, Diversity and Inclusion City of Hamilton 120 King Street West Hamilton, ON L8P 4V2

Updated: July 2017