



Third party Declaration

Company Name: _____

Company Address: _____

Name and title of person authorized to bind the company:

I declare that all managers and employees have received training in the following:

Legislative and municipal policies training:

- a) Accessibility for Ontarians with Disability Act, 2005,
- b) Ontario Regulation 429/07, Accessibility Standards for Customer Service.
- c) Ontario regulation 191/11, Integrated Accessibility Standards.
- d) Human Rights Code as it pertains to persons with disabilities.
- e) Town of Parry Sound Customer Service Policies and any other relevant municipal policies.

Signature

Date