



## Contractor Accessibility Agreement

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

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

### Accessible Customer Service Policy:

- I have received and read the *County of Perth Accessible Customer Service 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*.

### Accessible Customer Service 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 Accessible Customer Service training in compliance with *Regulation 429/07 Accessible Standards for Customer Service* of the AODA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please Sign and Return this Form**