

Emergency Management Program 2018 Statement of Completion



Municipality: Haldimand County

Sector: Golden Horseshoe

Verification:

- ☐ Please attach your completed "Municipal Annual Maintenance Checklist" and have officials sign below as indicated.

We, the undersigned, declare that Haldimand County has completed all of the necessary requirements of the Emergency Management and Civil Protection Act RSO 1990 and Ontario Regulation 380/04.

Community Emergency
Management Coordinator

Date

Head of Council

Date

EMO Use Only:

Data verified by (Field Officer): _____

Date: _____

Head Office receipt (EMA): _____

Date: _____