

## Emergency Management Program 2019 Statement of Completion

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**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: \_\_\_\_\_