Emergency Management Program
2020 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: _____

Date: _____

Head Office receipt (EMA): _____

Form C-2-16