

Statement of Completion

Has the Head of Council reviewed this checklist and confirmed its accuracy?

Not Answered

Verification

Declaration

We, the undersigned, declare that **Temagami, Municipality of** 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

Name

Date

Signature

X

Head of Council

Name

Date

Signature

X