



The Corporation Of The Municipality Of West Elgin hereby grants WEST ELGIN COMMUNITY HEALTH CENTRE (hereinafter called the "Contractee"), represented by WEST ELGIN COMMUNITY HEALTH CENTRE, permission to use the Facilities as outlined below, subject to the Terms and Conditions of this Contract contained herein and attached hereto all of which form part of this Contract.

WEST ELGIN COMMUNITY HEALTH CENTRE
153 MAIN STREET
WEST LORNE, ON N0L 2P0

Customer Number 000300049
Customer Phone (519) 768-1715
Customer Email payables@wehc.on.ca
Total Hrs Booked: 8.00

- i) Conditions of Use (attached)
- ii) Dates and Times of Use

Facility	Services	Day	Start Date/Time	End Date/Time	Qty	Unit Chg	Fee
Main Area	Main Floor Rental/Hour	Tuesday	NOV 7,2023 11:00 AM	NOV 7,2023 07:00 PM	8.00	\$32.00	\$256.00
Total Fee							\$256.00
Total Taxes							\$33.28
Grand Total							\$289.28

- iii) Payment Method Monthly Billing

The undersigned has read and on behalf of the Contractee agrees to be bound by this Contract and the Terms and Conditions contained herein and attached hereto, and hereby warrants and represents that he/she executes this Contract on behalf of the Contractee and has sufficient power, authority and capacity to bind the Contractee with his/her signature.

X _____
PLEASE SIGN AND RETURN ONE COPY

WEST ELGIN COMMUNITY HEALTH CENTRE
153 MAIN STREET
WEST LORNE, ON N0L 2P0

Date _____

X _____

THE CORPORATION OF THE MUNICIPALITY
OF WEST ELGIN
22413 HOSKINS LINE
RODNEY N0L 2C0

Date _____