

Organization category [Designated Public Sector](#)

Number of employees range [1-49](#)

Filing organization legal name [The Corporation of the Municipality of Machin](#)

Filing organization business number (BN9) [107752859](#)

Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at [ontario.ca/accessibility](https://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

## C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

I certify that all the information is accurate and I have the authority to bind the organization \*

Certification date (yyyy-mm-dd) \* [2026-02-26](#)

### Certifier information

Last name *		First name *	
<a href="#">Rob</a>		<a href="#">Tammy</a>	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
<a href="#">Other</a>	<a href="#">Clerk Treasurer</a>	<a href="#">807-227-2633</a>	<a href="#">222</a>

Email *	Alternate phone number	Extension	Fax number
clerktreasurer@visitmachin.com			807-227-5443

### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name *		First name *	
Rob		Tammy	
Position title *	Position title other *	Business phone number *	Extension <input type="checkbox"/> Check here if TTY
Other	Clerk Treasurer	807-227-2633	222
Email *	Alternate phone number	Extension	Fax number
clerktreasurer@visitmachin.com			807-227-5443

## D. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response. If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### General

1. Is your organization in compliance with all applicable requirements of the General Section? \*  Yes  No

[Read O. Reg. 191/11, Part I: General](#)

[Learn more about your requirements for question 1](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the General Requirements](#)

Comments for question 1 Include any additional information or explanation to accompany your yes/no answer to the question.

### Information and communications

2. Is your organization in compliance with all applicable requirements of the Information and Communications Standards? \*  Yes  No

[Read O. Reg. 191/11, Part II: Information and communications standards](#)

[Learn more about your requirements for question 2](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Information and Communications Standards](#)

Comments for question 2 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Employment

3. Is your organization in compliance with all applicable requirements of the Employment Standards? \*  Yes  No

[Read O. Reg. 191/11, Part III: Employment Standards](#)

[Learn more about your requirements for question 3](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Employment Standards](#)

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Comments for question 3 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Transportation

4. Is your organization in compliance with all applicable requirements of the Transportation Standards? \*  Yes  No

[Read O. Reg. 191/11, Part IV: Transportation standards](#)

[Learn more about your requirements for question 4](#)

[The Transportation Standards Reference Guide provides information about accessibility requirements from the Transportation Standards](#)

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Comments for question 4 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Design of public spaces

5. Is your organization in compliance with all applicable requirements of the Design of Public Spaces Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 5](#)

[The DOPS Reference Guide provides an overview of the scope, applicability and specific requirements of DOPS](#)

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Comments for question 5 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Customer Service

6. Is your organization in compliance with all applicable requirements of the Customer Service Standards? \*  Yes  No

[Read O. Reg. 191/11 Part IV.2: Customer Service standards](#)

[Learn more about your requirements for question 6](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Customer Service Standards](#)

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Comments for question 6 Include any additional information or explanation to accompany your yes/no answer to the question.