



ATTACHMENT TO AGREEMENT TO CONSOLIDATE*

ADJUDICATIONS TO BE CONSOLIDATED

**Attach form to the Agreement to Consolidate.*

Please complete the following for each of the cases to be consolidated.

Adjudication Case Number: _____

Dispute Amount: _____

Claimant's Initials	Respondent's Initials	Statement concerning adjudication case number
		I consent to consolidate this adjudication with all the other adjudications listed in this Agreement to Consolidate.
	N/A	I consent to share the Notice of Adjudication with the parties of the consolidated case.
N/A		I consent to share the Response to Notice of Consolidation with the parties of the consolidated case.
	N/A	I, the Claimant, will notify the Adjudicator, if any, of the consolidation within 2 Days of this Agreement to Consolidate being signed by all the Parties.
		I consent to pay the Adjudicator's fee in accordance with s. 13.10 of the <i>Construction Act</i> and s. 24(4) of <i>Ontario Regulation 306/18</i> .
		I acknowledge that this adjudication can only be consolidated with the consent of all the Parties to each adjudication listed in this Agreement to Consolidate.
		I have read and agree with the statements on pages 5 and 6 of the Agreement to Consolidate.

Signature of Claimant

I have authority to bind the Claimant
(if the Claimant is an organization)

Printed Name of Person Signing

Position of Person Signing

Date

Signature of Respondent

I have authority to bind the Respondent
(if the Respondent is an organization)

Printed Name of Person Signing

Position of Person Signing

Date