

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

JAMIE SMITH, ALANA DALTON, JAMIE McDONALD
and IRENE SALES INC., OPERATING AS THE HARTLEY HOUSE

Plaintiffs

- and -

THE CORPORATION OF THE MUNICIPALITY OF BROCKTON,
THE BRUCE-GREY-OWEN SOUND HEALTH UNIT, STAN KOEBEL,
THE WALKERTON PUBLIC UTILITIES COMMISSION and
HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendants

- and -

IAN D. WILSON ASSOCIATES LIMITED,
DAVIDSON WELL DRILLING LIMITED, EARTH TECH (CANADA) INC.,
CONESTOGA-ROVERS & ASSOCIATES LIMITED,
B.M. ROSS AND ASSOCIATES LIMITED,
GAP ENVIROMICROBIAL SERVICES INC.,
A & L CANADA LABORATORIES EAST, INC.,
DAVID BIESENTHAL and CAROL BIESENTHAL

Third Parties

Proceeding under the *Class Proceedings Act, 1992*

MOTION RECORD

GIFFEN LEE LLP

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Kitchener, ON N2H 6P4

Bruce L. Lee
Tel: (519) 578-4150
Fax: (519) 578-8740

Plan Counsel

MOTION RECORD INDEX

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Exhibit "B" - Stage 1 Application Form	B
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PLEASE NOTE: The documents listed above, except for those marked with an asterisk, may be examined on the Administrator's website at: www.walkertoncompensationplan.ca. For reasons of confidentiality, those items marked with an asterisk will not appear for review on the Administrator's website. However, each late applicant shall receive a copy of all material pertaining to him or her which has been included in Appendix "B" of Exhibit "D".

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NOTICE OF MOTION

The Administrator will make a motion to the Honourable Mr. Justice W. Winkler on Monday, the 16th day of February, 2004, at the hour of 10:00 o'clock in the forenoon, or as soon after that time as the motion can be heard, at the Court House, 215 Cayley Street, Walkerton, Ontario.

PROPOSED METHOD OF HEARING:

The motion is to be heard orally.

THE MOTION is for an order:

1. Abridging the time to bring this motion, **nunc pro tunc**, if the same be required.
2. Affirming Walkerton as the venue for this motion, **nunc pro tunc**, if the same be required.
3. Dispensing with personal service of the Motion Record, **nunc pro tunc**, and authorizing service of the Motion Record upon late applicants, **nunc pro tunc**, by sending by ordinary mail to each late applicant, or to counsel for the late applicant where represented by counsel, a copy of the Notice of Motion and Motion Record Index, together with that Exhibit "D" Appendix "B" material which pertains to him or her, to the last known address (in the records of the Administrator) of each late applicant or counsel, together with the posting of the Motion Record (excluding Appendix "B" of Exhibit "D" and Exhibits "F" and "G") on the Administrator's website (with information to be provided in the aforesaid mailing to the late applicants or counsel describing how to gain access to the said website).
4. Dispensing with the ordinary service of the Motion Record upon counsel for the Children's Lawyer, counsel for the Public Guardian & Trustee, and upon Mr. William P. Dermody, Applicants' Independent Advice Counsel, **nunc pro tunc**, and authorizing service of the Motion Record upon those parties, **nunc pro tunc**, by faxing to each of them a copy of the Notice of Motion and Motion Record Index (together with information describing how to gain access to the Administrator's website).
5. For directions regarding certain applications for compensation under the Walkerton Compensation Plan (the "Plan") made for the first time after the First Claim Deadline of January 2, 2002, set out paragraph 11 of the Plan.

6. For directions to ensure the protection of confidentiality of the information which is provided to the Court to assist the Court in respect of this motion for directions.
7. Such further or other order as counsel may request and this Honourable Court may permit.

THE GROUNDS FOR THE MOTION ARE:

1. A number of applicants for compensation under the Plan have submitted their applications for the first time after January 2, 2002, the Administrator has declined to accept and evaluate those applications, and late applicants have disputed these decisions by the Administrator.
2. The directions requested would assist in the effective administration of the Walkerton Compensation Plan class action settlement.
3. Sections 12 and 26 of the *Class Proceedings Act, 1992, S.O. 1992, c.6*;
4. Sections 6, 11 and 17 of the Plan.
5. Rule 1.05 of the *Rules of Civil Procedure*.
6. Such further and other grounds as counsel may advise and this Honourable Court may permit.

THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the motion:

1. The Affidavit of Kimberley Chalmers, sworn the 7th day of January, 2004, and the Exhibits referred to therein.

2. Such further and other evidence as counsel may advise and this Honourable Court permit.

January 7, 2004

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Bruce L. Lee
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Fax: (519) 578-8740

Plan Counsel

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Harvey T. Strosberg
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Class Counsel Representative

AND TO: RUETER SCARGALL LLP
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AND TO: WILLIAM P. DERMODY
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Fax: (416) 868-0673

Solicitors for the Province of Ontario

**AND TO: LATE APPLICANTS OR COUNSEL
FOR LATE APPLICANTS,**
served in the manner set out in
paragraph 3 of this Notice of Motion

**ONTARIO
SUPERIOR COURT OF JUSTICE**

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Third Parties

Proceeding under the *Class Proceedings Act, 1992*

AFFIDAVIT OF KIMBERLEY CHALMERS

I, KIMBERLEY CHALMERS, of the City of Waterloo, in the Regional Municipality
of Waterloo, Province of Ontario, MAKE OATH AND SAY:

1. I am the Branch Manager of the Walkerton Compensation Plan Office in Walkerton, Ontario, and as such I have knowledge of the matters to which I hereinafter depose. The Walkerton Compensation Plan (the "Plan") is administered by my employer Crawford Adjusters Canada Inc. (the "Administrator"). The Administrator was appointed pursuant to the Judgment of The Honourable Mr. Chief Justice Lesage, dated March 19, 2001. This Judgment sets out the terms of the settlement of a class action lawsuit filed on behalf of a class, including the residents of Walkerton, Ontario, against, among others, the Municipality of Brockton and the Province of Ontario. A copy of the said Judgment and Plan are attached as Exhibit "A" to this my Affidavit.
2. To further the administration of the Plan, Stage 1 and Stage 2 application forms were developed and approved for use by the Administrator. The Stage 1 application form was intended to provide people with an opportunity to establish they qualified as Class Members for purposes of making application for compensation under the Plan, and to assist certain applicants in recovering the compensation provided under Section 3.2.3 of the Plan. Stage 2 application forms were then provided to applicants who had submitted a Stage 1 application, were accepted as qualified applicants, and indicated a desire to make further claims for compensation under the Plan. Attached and marked as Exhibit "B" to this my Affidavit is a copy of the Stage 1 application form. Attached and marked as Exhibit "C" to this my Affidavit is a copy of the Stage 2 application form.
3. Once the Stage 1 application form was finalized, a copy of this form, together with a copy of the Walkerton Compensation Plan, was mailed to all residents of Walkerton and also to persons (including persons not resident in Walkerton) who had applied for compensation under the government-sponsored compensation plan which existed prior to the present Plan. These documents were also available to anyone who wished to pick up copies from the Walkerton Compensation office in

Walkerton. Attached and marked as Exhibit "D" to this my Affidavit is a three volume compendium of documents which are relevant to this application for directions. Appendix "A" to Exhibit "D" sets out copies, at tabs A, B and C of Appendix "A", of information circulars which were published by the Administrator regarding the administration of the Walkerton Compensation Plan and the Stage 1 application process.

4. Section 11 of the Plan sets out the "FIRST CLAIM DEADLINE". This section provides that after January 2, 2002, no person may make an application for compensation under the Plan for the first time, subject to the specific exceptions outlined in subsections (1) and (2) of section 11 of the Plan.
5. Attached at Tabs D, E, F, G and H of Appendix "A" of Exhibit "D" to this my Affidavit are copies of information bulletins and circulars which were published prior to the FIRST CLAIM DEADLINE in The Communicator, the Hanover Post, the Walkerton Herald Times, the Grey Bruce This Week and the Grey Bruce This Week North, notifying the readers of those periodicals of the approaching FIRST CLAIM DEADLINE. This information was also published in FM102 (101.7) radio station broadcasts, prior to the expiry of the FIRST CLAIM DEADLINE.
6. Notwithstanding the publication of information regarding the Plan and the FIRST CLAIM DEADLINE as noted above, a number of applications were received after January 2, 2002 from persons claiming compensation under the Plan for the first time. Where the Administrator was able to determine that the application received after January 2, 2002 had been mailed prior to that deadline, the application was accepted for purposes of evaluation. The other first time applications received after January 2, 2002 (the "late applications") were examined to determine if the applicants fell within any of the exemptions set out in subsections (1) and (2) of section 11. If the late applications fell within such exemptions, the applications so

exempted were accepted for purposes of evaluation. If the late applications did not appear to fall within one of these exemptions, a letter was sent to the applicant indicating the late application was out of time and would not be accepted and evaluated by the Administrator. Attached and marked as Exhibit "E" to this my Affidavit is a copy of the typical form of standard letter which was sent to applicants who filed such late applications.


7. Following this communication, a number of applicants and counsel representing applicants expressed concern regarding the Administrator's decision not to accept or evaluate the late applications. The questions and concerns raised by these parties have prompted the Administrator to request that Plan Counsel bring an application to the Court for directions on this issue.
8. In this regard, correspondence was prepared at the request of the Administrator by Plan Counsel and forwarded to certain persons having made late applications. These letters were dated December 12, 2002, and were mailed on December 17 and 19, 2002. Copies of these letters are attached as Exhibit "F" pages numbered 1 through 41 to this my Affidavit. The letters shown in Exhibit "F" pages 1 through 8 were mailed December 17, 2002 and those shown in Exhibit "F" pages 9 through 41 were mailed December 19, 2002.
9. Some of the applicants notified in this manner responded by providing information. With respect to applicants who did not respond, attempts were made by representatives of the Administrator to contact such Applicants by telephone to determine their intentions. Some of the applicants in question communicated with Mr. William P. Dermody, who was appointed to act as Applicants' Independent Advice Counsel under the Plan, pursuant to the Order of the Honourable Mr. Justice Warren K. Winkler dated July 11, 2002.

10. I have been informed by Mr. William P. Dermody, and therefore believe:
 - a. That he has had communications with certain applicants who filed late applications, as identified in Exhibit "G" to this my Affidavit.
 - b. That he has forwarded to the Administrator all documents received by him relating to late applications, and that he has no further information or material in respect of applicant 10632 and an individual identified as R. Toye. (Attached and marked as Exhibit "G" to this my Affidavit are the documents we have received from Mr. Dermody setting out the information he obtained with respect to some of these individuals; the Administrator has included information in the Motion Record relating to the claim of applicant 10632, who is represented by the law firm of Lerner LLP, which firm has filed material on her behalf.)
 - c. That with respect to R. Toye, this individual telephoned Mr. Dermody in the evening, Mr. Dermody answered his questions and explained to him what he needed to do in order to bring his concerns to the attention of the Administrator, and Mr. Dermody has heard nothing further from Mr. Toye. (I confirm the Administrator also has heard nothing from Mr. Toye, and therefore, it does not appear necessary to deal with his situation at this time; it appears he has not to this point filed any application for compensation.)
11. Appendix "B" (tabs 1 through 41) of Exhibit "D" includes relevant materials received by the Administrator regarding all of the applicants who filed late applications and received correspondence from Plan Counsel as indicated in paragraph 8 above. These materials include information as to responses received by the Administrator, whether in written form or through the telephone follow up referred to above. I confirm the notes and records contained in Appendix "B" (tabs 1 through 41) of Exhibit "D" are accurate and truthful, and reflect the Administrator's

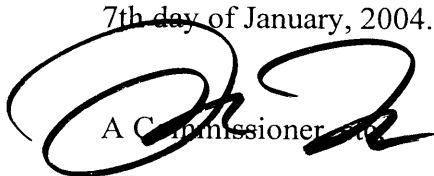
understanding of the positions of the responding applicants who have filed late applications. In some cases, as noted, we were unsuccessful in our efforts to contact the applicants, and have discontinued our efforts. Ten more late applications have been received by the Administrator after the correspondence of Plan Counsel referred to in paragraph 8 above was sent. All material in the possession of the Administrator regarding these late applications has been included at tabs 42, 43, 44, 45, 46, 47, 48, 49, 50 and 51 of Appendix "B" of Exhibit "D". I confirm the notes and records contained in tabs 42, 43, 44, 45, 46, 47, 48, 49, 50 and 51 of Appendix "B" of Exhibit "D" are also accurate and truthful, and reflect the Administrator's understanding of the positions of these late applicants.

12. In view of the provisions of section 11 of the Plan, the Administrator has not been prepared to accept and evaluate the late applications. However, the Administrator seeks to carry out its responsibilities in accordance with the spirit and intent of the Plan, and in view of the questions and concerns that have been raised by the above-mentioned applicants and by counsel for some of these applicants, the Administrator would appreciate receiving directions from the Court in respect of these matters.
13. The Administrator would also appreciate receiving directions from the Court to ensure protection of the confidentiality of the information which is provided to the Court to assist the Court in respect of this motion for directions.
14. This Affidavit is made in support of a motion for directions regarding the handling of late applications under the Plan and for no other or improper purpose.

SWORN BEFORE ME at the City)
of Kitchener, in the Regional)
Municipality of Waterloo, this)
7th day of January, 2004.)



Kimberley Chalmers


A Commissioner

Handwritten notes at the top of the page include:
"H"
"Kimberley Chalmers"
"7th"
"January"
"2004"
A large handwritten signature or initials are written over the date.

Court File No. 00-CV-192173CP

**ONTARIO
SUPERIOR COURT OF JUSTICE**

THE HONOURABLE CHIEF)	MONDAY, THE 19 TH DAY
)	
JUSTICE PATRICK J. LESAGE)	OF MARCH, 2001

BETWEEN:

JAMIE SMITH, ALANA DALTON, JAMIE McDONALD
and IRENE SALES INC., OPERATING AS THE HARTLEY HOUSE

Plaintiffs

and

THE CORPORATION OF THE MUNICIPALITY OF BROCKTON,
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DAVID BIESENTHAL and CAROLYN BIESENTHAL

Third Parties

Proceeding under the *Class Proceedings Act, 1992*

JUDGMENT

THIS MOTION, made by the representative plaintiffs, for judgment pursuant to subsection 29(2) of the *Class Proceedings Act, 1992*, as amended, approving the settlement of this class action was heard on March 19, 2001 at Walkerton, Ontario.

ON READING the following:

- (a) the notice of motion returnable March 19, 2001;
- (b) the orders of Mr. Justice Winkler dated February 1, 2001 and March 8, 2001;
- (c) the Walkerton Compensation Plan attached as schedule 1 to the Order;
- (d) the Notice attached as schedule 2 to the Order;
- (e) the agreement among Ontario, Class Counsel, the Third Parties and McCarthy Tetrault dated February 1, 2001;
- (f) the affidavit of Jamie Smith, sworn the 20th day of July, 2000;
- (g) the affidavit of Alana Dalton, sworn the 23rd day of July, 2000;
- (h) the affidavit of Jamie McDonald, sworn the 20th day of July, 2000;
- (i) the affidavit of Harvey Hinsperger, on behalf of Jrene Sales Inc., sworn the 21st day of July, 2000;
- (j) the affidavit of Charles M. Wright, sworn the 20th day of July, 2000;
- (k) the affidavit of Dr. Ross A. Pennie, sworn the 14th day of September, 2000;
- (l) the affidavit of John Taylor, sworn the 30th day of October, 2000;
- (m) the affidavit of Donald I. Beach, sworn the 30th day of October, 2000;
- (n) the affidavit of W. Brian Beatty, sworn the 30th day of October, 2000;

- (o) the affidavit of Dr. Tony Mazzulli, sworn the 30th day of October, 2000;
- (p) the affidavit of Dr. Ross A. Pennie, sworn the 9th day of November, 2000;
- (q) the transcript of the cross-examination of Jamie Smith on November 16, 2000;
- (r) the transcript of the cross-examination of Jamison McDonald on November 17, 2000;
- (s) the transcript of the cross-examination of Alana Dalton on November 20, 2000;
- (t) the transcript of the cross-examination of Charles Wright on November 20, 2000;
- (u) the transcript of the cross-examination of Harvey Hinsperger on November 21, 2000;
- (v) the transcript of the cross-examination of Donald Beach on November 22, 2000;
- (w) the transcript of the cross-examination of Dr. Tony Mazzulli on November 27, 2000;
- (x) the transcript of the cross-examination of Dr. Ross Pennie on November 28, 2000;
- (y) the transcript of the cross-examination of John Taylor on November 28, 2000;
- (z) the transcript of the cross-examination of Brian Beatty on November 30, 2000;
- (aa) the answers to the undertakings on cross-examination of Jamie Smith November 16, 2000;

- (bb) the answers to the undertakings on cross-examination of Donald Beach October 30, 2000;
- (cc) the answers to the undertakings on cross-examination of John Taylor November 28, 2000;
- (dd) updated information on the exhibits from the cross-examination of Donald Beach;
- (ee) updated information on the answers to the undertakings on cross-examination of John Taylor November 28, 2000;
- (ff) the endorsement of Mr. Justice Winkler dated February 1, 2001;
- (gg) the affidavit of Diane Gumbs, sworn March 7, 2001
- (hh) the consent of Mediated Solutions Incorporated, ADR Chambers and Crawford Adjusters Canada Inc.,
- (ii) the affidavits of Patricia A. Speight, sworn March 5 and March 11, 2001;
- (jj) the affidavits of Jamie Smith, sworn March 2, 2001;
- (kk) the affidavits of Alana Dalton, sworn March 2 and March 12, 2001;
- (ll) the affidavits of Harvey Hinsperger, on behalf of Irene Sales Inc., sworn March 12, 2001;
- (mm) the affidavits of Jamie McDonald, sworn March 2, 2001;
- (nn) the affidavit of C. Scott Ritchie, sworn March 7, 2001;
- (oo) the affidavit of David Williams, sworn March 7, 2001;
- (pp) the affidavit of Robert Garcia, sworn March 7, 2001;
- (qq) the affidavit of Thomas N. White, sworn March 7, 2001;
- (rr) the report of Neal, Pallett & Townsend LLP dated March 5, 2001; and
- (ss) the affidavit of Stanley Tick, sworn March 12, 2001.

✓ ~~AND ON HEARING the viva voce evidence of:~~ *P.F.L.*

(tt)

AND ON HEARING the submissions of counsel, for the representative plaintiffs, defendants, third parties, the Children's Lawyer, the Public Guardian and Trustee and William Dermody, the friend of the court, and upon reading the consents, filed, of counsel, for the following:

- (uu) the representative plaintiffs;
- (vv) Her Majesty the Queen in Right of Ontario;
- (ww) the Corporation of the Municipality of Brockton;
- (xx) the Walkerton Public Utilities Commission and Stan Koebel,
- (yy) the Bruce-Grey-Owen Sound Health Unit;
- (zz) Ian D. Wilson Associates Limited;
- (aaa) Davidson Well Drilling Limited;
- (bbb) Earth Tech (Canada) Inc.,
- (ccc) Conestoga-Rovers & Associates Limited;
- (ddd) B.M. Ross and Associates Limited;
- (eee) GAP EnviroMicrobial Services Inc.,
- (fff) A & L Canada Laboratories East, Inc.; and
- (ggg) David and Carolyn Biesenthal.

AND ON BEING ADVISED:

- (hhh) that the parties agreed to this settlement on the basis of Ontario's undertaking to this court to fund any and all costs associated with the

Walkerton Compensation Plan and Ontario's agreement with the Certified Defendants and Third Parties as particularized in paragraph 11 herein;

- (iii) by counsel that the defendants and third parties consent to this judgment; and
- (jjj) that Harvey T. Strosberg, Q.C., one of the Class Counsel, has accepted an appointment as the Class Counsel Representative,

AND WITHOUT ANY ADMISSION OF LIABILITY ON THE PART OF ANY OF THE DEFENDANTS OR THIRD PARTIES.

1. THIS COURT ORDERS AND DECLARES that for the purposes of this judgment, the following definitions apply:

- (a) "Act" means the *Class Proceedings Act, 1992*, S.O. 1992, c. 4;
- (b) "Administrator" means Crawford Adjusters Canada Inc. or its successor as appointed by the court;
- (c) "Arbitrators" means persons selected from a roster of retired judges at ADR Chambers for the purpose of conducting arbitrations under the Plan or such other persons as are added by the court;
- (d) "Certified Defendants" means The Corporation of the Municipality of Brockton, The Bruce-Grey-Owen Sound Health Unit, Stan Koebel and The Walkerton Public Utilities Commission;
- (e) "Claimants' Data" means all data, records, medical, personal and financial information, files, addresses, claims payment history, and all

other information of any nature and kind whether in paper, recorded or electronic form or in any other medium including all individual personal identifying and non-personal identifying information and any compilation, selection, co-ordination or arrangement of individual information into an original, derivative or collective work or works capable of being reviewed, perceived, reproduced or otherwise communicated directly or indirectly with the aid of a machine or device or capable of being fixed in any tangible medium of expression now known or later developed or transmitted or displayed even for a transitory period;

- (f) **"Class Counsel"** means Sutts, Strosberg LLP, Siskind, Cromarty, Ivey & Dowler, LLP, Stanley M. Tick & Associates, Harrison Pensa, LLP, Crawford, Mill & Davies and Robert Garcia;
- (g) **"Class Counsel Representative"** means counsel appointed by this court on the recommendation of Class Counsel;
- (h) **"Class Members"** means the members of the class described in the Order as follows:
 - (i) all persons, except the defendants and third parties, who were ordinarily resident in the area in the Corporation of the Municipality of Brockton formerly known as the Town of Walkerton ("Walkerton"), who consumed or used water delivered by the Walkerton PUC, at any time in the period April 1, 2000 to December 5, 2000;

- (ii) all persons, except the defendants and third parties, who were not ordinarily resident in Walkerton, who consumed or used water delivered by the Walkerton PUC at any time in the period April 1, 2000 to June 27, 2000 and who became ill or died as a result thereof;
 - (iii) all persons, except the defendants and third parties, who were infected with gastroenteritis or a similar type of illness by exposure to a person described in (i) or (ii) above; and
 - (iv) any and all persons, except the defendants and third parties, who are not described in (i), (ii) and (iii) above or in the definition of a Family Class Member, who have suffered a loss of any nature or kind relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton PUC in the period from April 1, 2000 to December 5, 2000;
- (i) **"Contamination"** means the presence of disease-causing organisms in the water delivered by the Walkerton PUC during the period from April 1, 2000 to December 5, 2000;
 - (j) **"Family Class Members"** means the members of the family class described in the Order as the spouse or same-sex partner, child, grandchild, parent, grandparent and sibling of a Class Member as defined in subparagraph ^{(h) & (g)} (i), (ii) and (iii) above;
 - (k) **"Mediators"** means persons selected from a roster of mediators, from Mediated Solutions Inc. or elsewhere, for the purpose of conducting

mediations under the Plan or such other persons as are added by the court;

- (l) **"Ontario"** means Her Majesty the Queen in Right of Ontario;
- (m) **"Order"** means Mr. Justice Winkler's order dated February 1, 2001;
- (n) **"Plan"** means the Walkerton Compensation Plan, which is annexed as schedule 1 to this judgment;
- (o) **"Plan Counsel"** means counsel appointed by the Administrator to represent it at mediations, arbitrations and assessments of damages under the Plan;
- (p) **"Third Parties"** means Ian D. Wilson Associates Limited, Davidson Well Drilling Limited, Earth Tech (Canada) Inc., Conestoga-Rovers & Associates Limited, B. M. Ross And Associates Limited, Gap EnviroMicrobial Services Inc., A & L Canada Laboratories East, Inc., David Biesenthal and Carolyn Biesenthal;
- (q) **"Third Party Agreement"** means the agreement dated February 1, 2001 among Ontario, Class Counsel, the Third Parties and McCarthy Tetrault; and
- (r) **"Walkerton PUC"** means the Walkerton Public Utilities Commission.

2. THIS COURT ORDERS AND ADJUDGES that the proposed settlement of this action particularized in the Order is fair, reasonable, adequate, and in the best interests of the Class Members and Family Class Members.

3. THIS COURT ORDERS that the Plan, which is annexed as schedule 1 to this judgment, and which is incorporated by reference into this judgment, is hereby approved and shall be implemented.

4. THIS COURT ORDERS that, pursuant to the Act and the Plan, Mr. Justice Winkler shall supervise the implementation of the Plan, the execution of this judgment, the administration and operation of and the distribution pursuant to the Plan and that, without limiting the generality of the foregoing, this court may issue judgments or orders, in such form as are necessary, to implement and enforce the provisions of the Plan and this judgment and may retain an assistant to assist this court as this court in its discretion considers necessary.

5. THIS COURT ORDERS that each Class Member and each Family Class Member who qualifies pursuant to the provisions of the Plan shall be paid in accordance with the provisions of the Plan subject to any order of the court on a motion for court approval.

6. THIS COURT DECLARES that Ontario has undertaken to the court in this action to continue to fund any and all costs associated with the Plan including, without limiting the generality of the foregoing, all costs of administration, including the assistant, Class Counsel Representative, notices, mediation, arbitration, claims, motions for direction, and will pay all settlements, mediated settlements, arbitration awards and judgments all in accordance with the directions given by this court, and Ontario will

abide by all orders and directions given by the court in relation to the Plan and its funding.

7. THIS COURT DECLARES that each Class Member and each Family Class Member, who does not opt out in accordance with the provisions of paragraph 22 of this judgment, and his or her heirs, administrators, executors, personal representatives and successors (the "Releasors") are deemed to have released and have released the Certified Defendants, Third Parties and Ontario, their respective past and present parent, subsidiary and affiliated corporations, employees, agents, officers, directors, commissioners, councillors, elected officials, appointed officials, shareholders, insurers, representatives, executors, administrators, successors and assigns from any and all actions, causes of action, liabilities, claims and demands of every nature or kind including for damages, contribution, indemnity, costs, expenses and interest, which the Releasors ever had, now have or may hereafter have directly or indirectly in any way relating to or arising directly or indirectly from the Contamination.

8. THIS COURT DECLARES that the Certified Defendants and the Third Parties have each released each other and Ontario, their respective past and present parent, subsidiary and affiliated corporations, employees, agents, officers, directors, commissioners, councillors, elected officials, appointed officials, shareholders, insurers, representatives, executors, administrators, successors and assigns from any and all actions, causes of action, liabilities, claims and demands of every nature or kind including for damages, contribution, indemnity (excepting any claims described in paragraph 11(a) of this judgment), costs, expenses and interest, which they ever had,

now have or may hereafter have directly or indirectly by way of any subrogated or assigned right or otherwise in any way relating to or arising from the Contamination except with respect to any claim not captured by paragraph 11 of this judgment, and except as among the Certified Defendants only in respect to Action 96/00 commenced in Walkerton as it relates to Frank Cowan Insurers only.

9. THIS COURT DECLARES that Ontario has released the Certified Defendants and Third Parties, their respective past and present parent, subsidiary and affiliated corporations, employees, agents, officers, directors, commissioners, councillors, elected officials, appointed officials, shareholders, insurers, representatives, executors, administrators, successors and assigns from any and all actions, causes of action, liabilities, claims and demands of every nature or kind including for damages, contribution, indemnity, costs, expenses and interest, which Ontario ever had, now has or may hereafter have directly or indirectly by way of any subrogated or assigned right or otherwise in any way relating to or arising from the Contamination except with respect to any claim not captured by paragraph 11 of this judgment.

10. THIS COURT DECLARES that none of the Certified Defendants, Third Parties or Ontario shall commence any action or proceeding relating to or arising from the Contamination against any person or persons who will or would in or in connection with any such action or proceeding bring or commence any crossclaim, claim over or other claim for contribution or indemnity against any of Ontario, the Certified Defendants or Third Parties except with respect to any claim not captured by paragraph 11 of this judgment.

11. THIS COURT DECLARES that Ontario will assume the carriage and the cost of the defence of any action or proceeding commenced in Canada against any one or more of the Certified Defendants or Third Parties, their respective past and present employees, officers, directors, commissioners, councillors, elected officials, appointed officials, executors, administrators, successors and assigns, by any person who has suffered a loss of any nature or kind arising directly or indirectly from the Contamination and that the amount of any award of damages, interest, and costs, if any, awarded in favour of the plaintiff in any such action or proceeding against any one or more of the Certified Defendants or Third Parties will be paid by Ontario, provided that:

- (a) this provision does not apply to any claim for aggravated, exemplary and/or punitive damages and does not apply to any and all fees, costs, or other expenses of any nature or kind related thereto;
- (b) in any action or proceeding covered by this paragraph 11, the Certified Defendants and Third Parties, at their own cost, will provide to Ontario their full and complete co-operation for purposes of the defence of any such action or proceeding, including, but not limited to, access to any and all necessary or proper witnesses, documents and other productions or information of any kind whatsoever required for the defence of any such action or proceeding;
- (c) should any of the Certified Defendants or Third Parties fail to provide to Ontario their full and complete co-operation for purposes of the defence of any such action as provided for in subparagraph (b) of this paragraph 11, the obligation of Ontario provided for in this paragraph 11 is

extinguished with respect to any person in breach of the obligations to fully and completely co-operate and with respect to that action only;

- (d) Ontario has and will have complete and unfettered discretion to respond to, conduct the defence of, compromise, settle, appoint counsel with respect to and otherwise in any other way deal with any such action or proceeding as Ontario at any time and from time to time shall in its sole, complete and unfettered discretion see fit;
- (e) if in any such action or proceeding the only claim asserted or remaining to be determined or resolved is a claim for aggravated, exemplary, and/or punitive damages, the obligation of Ontario provided for in this paragraph 11 is extinguished with respect to the party against whom the claim is asserted and with respect to that action or proceeding only;

and provided that any dispute as to the interpretation or application of this paragraph 11 shall be dealt with by Mr. Justice Winkler or a judge designated by him, or in the event of Mr. Justice Winkler's unavailability, a judge of the Ontario Superior Court of Justice appointed by the Chief Justice.

12. THIS COURT DECLARES that no subrogation payment of any nature or kind shall be paid, directly or indirectly, under the Plan and, without restricting the generality of this provision, that:

- (a) no government and no department of a government providing employment insurance, health care, hospital, medical and prescription services, social assistance or welfare will be paid under the Plan;

- (b) no municipality and no department of a municipality will be paid under the Plan;
- (c) no person exercising a right of subrogation will be paid under the Plan;
and
- (d) no Class Member or Family Class Member will be paid compensation if the claim is being asserted as a subrogated claim or if the Class Member or Family Class Member will hold any money paid under the Plan in trust for any other party exercising a right of subrogation or, if a payment under the Plan will lead to a reduction in other payments from an insurer for which the Class Member or Family Class Member would otherwise qualify.

13. THIS COURT ORDERS that the Certified Defendants and Third Parties shall pay to Ontario the amount of \$17,000,000.

14. THIS COURT ORDERS that the fee agreements between Class Counsel and the representative plaintiffs dated January 28, 2001 be and are hereby approved.

15. THIS COURT ORDERS that the Certified Defendants and Third Parties shall pay the costs of Class Counsel fixed in the amount of \$5,000,000 including disbursements and GST.

16. THIS COURT DECLARES that the Certified Defendants and Third Parties have paid the \$17,000,000 referred to in paragraph 13 of this judgment and the

\$5,000,000 referred to in paragraph 15 of this judgment, totaling \$22,000,000 (the "Fund"), into an interest bearing trust account at McCarthy Tetrault and that such payments satisfy the obligations of the Certified Defendants and the Third Parties to pay the amounts specified in paragraphs 13 and 15 of this judgment.

17. THIS COURT ORDERS that on entry of this judgment, McCarthy Tetrault shall pay from the Fund to Sutts, Strosberg LLP, in trust for Class Counsel, the sum of \$4,772,727.27 plus accrued interest thereon to the date of payment.

18. THIS COURT ORDERS that on entry of this judgment, McCarthy Tetrault shall pay from the Fund to Ontario the sum of \$16,227,272.73 plus accrued interest thereon to the date of payment.

19. THIS COURT ORDERS that McCarthy Tetrault shall hold the balance of the Fund, being \$1,000,000 plus accrued interest thereon in an interest-bearing trust account to be dealt with in accordance with the Third Party Agreement which is annexed hereto as schedule 2 and which is hereby incorporated by reference into this judgment.

20. THIS COURT ORDERS that Ontario shall give the Class Members and Family Class Members notice of this judgment in the following manner:

(a) by publishing a notice, generally in accordance with the form attached at schedule 3, once in the following newspapers:

(i) the Walkerton Herald Times;

(ii) the Hanover Post;

- (iii) Grey-Bruce This Week;
 - (iv) The Saugeen City News;
 - (v) The Kitchener-Waterloo Record;
 - (vi) The Owen Sound Sun Times; and
 - (vii) The Toronto Star; and
- (b) by delivering a copy of the notice generally in accordance with the form attached at schedule 3 to each household and business post office box in Walkerton.

21. THIS COURT ORDERS that forthwith after publication and delivery of the notices required by paragraph 20 of this judgment, Ontario shall file with the court an affidavit confirming publication of and delivery of the notices.

22. THIS COURT ORDERS that the Class Members and the Family Class Members shall have until May 1, 2001 to opt out of this class proceeding by:

- (a) in the case of an adult not under a disability, sending a written election by mail, on or before that date, to Neal Pallett & Townsend LLP at 289 Dufferin Avenue, London, Ontario, N6B 1Z1, Attention: Walkerton Class Action; and
- (b) in the case of a minor or a person under a disability, notice before May 1, 2001 to the Public Guardian and Trustee and/or to the Children's Lawyer, as the case may be, and to Neal Pallett & Townsend LLP at 289 Dufferin Avenue, London, Ontario, N6B 1Z1, Attention: Walkerton Class Action.

23. THIS COURT ORDERS that no Class Member or Family Class Member may opt out of this class proceeding after May 1, 2001.
24. THIS COURT ORDERS, that notwithstanding the provisions of paragraph 21 of this judgment, no person may opt out a minor or a person who is under a disability without leave of this court.
25. THIS COURT ORDERS that Neal Pallett & Townsend LLP shall, on or before May 31, 2001, report to this court and advise as to the names of those persons who have opted out of this class proceeding, on notice to the Public Guardian and Trustee and/or the Children's Lawyer, as appropriate, in respect of any person who is under a disability.
26. THIS COURT ORDERS AND DECLARES that, unless a Class Member or a Family Class Member opts out in accordance with the provisions of this judgment, this judgment and the Plan are binding upon all of the Class Members and Family Class Members including those who are minors, unborn persons or persons under a disability and the requirements of Rule 7.08(4) of the Rules of Civil Procedure with respect to this judgment are dispensed with.
27. THIS COURT ORDERS AND ADJUDGES that in accordance with section 3.2.6 of the Plan no further court approval is required with respect to the \$2,000 payment referred to in section 3.2.3 of the Plan and any payment of \$2,000 made to and

for the benefit of any Class Member who is a minor shall be payable to the minor and delivered to the Applicant by the Administrator.

28. THIS COURT ORDERS AND DECLARES that the Children's Lawyer and the Public Guardian and Trustee:

- (a) shall be given notice of any motions to the court for approval, amendment or rescission of rules or protocols made pursuant to the provisions of the Plan; and
- (b) may apply to this court for advice and directions as he, she, it or they deem necessary.

29. THIS COURT ORDERS that Crawford Adjusters Canada Inc. ("Crawford") be and is hereby appointed as the Administrator of the Plan until further order of the court on the terms and conditions and with the powers, rights, duties and responsibilities set out in the Plan and in accordance with the Service Agreement between Ontario and Crawford effective July 25, 2000 or as amended from time to time by this court.

30. THIS COURT ORDERS AND DECLARES that any information in any form whatsoever received, obtained, compiled, or created by the Administrator, Mediators and Arbitrators as a result of its or their involvement with the Plan, the administration of the Plan and the implementation of this judgment, including the Claimants' Data, is to be held in confidence and is to be used, disclosed or disseminated solely for the purposes of administration of the Plan and the implementation of this

judgment and is not to be used, disclosed or disseminated for any other purposes whatsoever without an order of the court.

31. THIS COURT ORDERS AND DECLARES that the Administrator does not have and shall not obtain any interest of any nature or kind in the Claimants' Data and in any information received, obtained, compiled or created by it in the course of the performance of its duties, in the course of administration of the Plan and in the implementation of this judgment.

32. THIS COURT ORDERS that Harvey T. Strosberg, Q.C. be and is hereby appointed as Class Counsel Representative until further order of this court with the duties and responsibilities set out in the Plan.

33. THIS COURT ORDERS AND DECLARES that no person may bring any action or take any proceedings against the Administrator, Mediators, Arbitrators, assistant to the court, Class Counsel Representative or Plan Counsel or their employees, agents, partners, associates, representatives, successors or assigns for any matter in any way relating to the Plan, the administration of the Plan or the implementation of this judgment except with leave of the court.

34. THIS COURT DECLARES that, from time to time, it may:

- (a) remove the Administrator and appoint a replacement;
- (b) remove the Class Counsel Representative and appoint a replacement;
- (c) remove any mediator or arbitrator and appoint a replacement; and

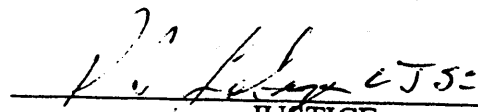
- (d) approve the reasonable costs incurred or to be incurred by the Class Counsel Representative.

35. THIS COURT ORDERS that in accordance with section 32(2) of the *Act* the agreements respecting fees and disbursements made between each representative plaintiff and Class Counsel each dated January 28, 2001 be and are hereby approved.

36. THIS COURT ORDERS that the claims by the Class Members for aggravated, exemplary and punitive damages be and are hereby dismissed.

37. THIS COURT ORDERS that the certification motion of the plaintiffs originally returnable January 15, 2001 be and is hereby dismissed only against Ontario without costs.

38. THIS COURT ORDERS AND ADJUDGES that, save as aforesaid, this class action and the third party action be and are hereby dismissed without costs and for greater certainty all of the provisions of paragraph 11 of this judgment, and the undertaking of Ontario contained in the Plan and in paragraph 6 of this judgment shall survive the dismissal of this action.


JUSTICE

ENTERED IN REGISTRY
ON 01/28/2001
BY CLERK OF COURT

MAY 11 2001

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/28/2001 BY 1111

WALKERTON COMPENSATION PLAN

OVERVIEW

The Government of Ontario is committed to providing financial support and compensation to any individuals who became sick or lost loved ones or otherwise incurred certain out-of-pocket expenses or losses, because of contaminated water in Walkerton. Money cannot redress some of the losses that have been suffered as a result of the tragic events in Walkerton, but the Government of Ontario wants to do what it can to provide financial compensation to those who have suffered loss.

The purpose of this Walkerton Compensation Plan is to pay to the Applicants full and complete compensation, without regard to fault, in accordance with Ontario law and with the terms and conditions herein, provided, however, that no amount shall be paid for aggravated, exemplary or punitive damages.

Individuals will have access to fair compensation through an efficient, timely, and impartial process. Applications will be individually evaluated and, if necessary, resolved through a mediation process, and where unsuccessful, independent arbitration. In the case of serious injury or death, an assessment of damages by a judge of the Ontario Superior Court of Justice is also available.

Levels of compensation for physical injury or death will be determined with reference to ordinary legal principles applied in courts. Compensation is being offered on a compassionate basis regardless of issues of fault and therefore compensation is not an admission of legal liability. All awards are for the purpose of compensating individuals who have suffered losses. Thus, duplicate compensation will not be offered where an Applicant is entitled to be paid compensation under another plan or program.

The Government of Ontario will pay reasonable legal costs for an Applicant's lawyer as provided for under the Walkerton Compensation Plan, and ensure that individuals have access to independent legal advice.

The Walkerton Compensation Plan is to be interpreted broadly to accomplish its objectives.

1. DEFINITIONS

In the Walkerton Compensation Plan,

"Administrator" means Crawford Adjusters Canada Inc. ("Crawford").

"Applicant" means a Class Member or Family Class Member who applies for compensation under this Plan.

"Applicant's Data" means all data, records, medical, personal and financial information, files, addresses, claims payment history, and all other information of any nature and kind whether in paper, recorded or electronic form or in any other medium including all individual personal identifying and non-personal identifying information and any compilation, selection, co-ordination or arrangement of individual information into an original, derivative or collective work or works capable of being reviewed, perceived, reproduced or otherwise communicated directly or indirectly with the aid of a machine or device or capable of being fixed in any tangible medium of expression now known or later developed or transmitted or displayed even for a transitory period.

"Application Form" means an application for compensation in the appropriate form prescribed by the Administrator.

"Approval Date" means the date on which the Judgment approving the settlement of the Class Action becomes final.

"Arbitrators" means persons selected from a roster of retired judges at ADR Chambers for the purpose of conducting arbitrations under this Plan.

"Certified Defendants" means The Corporation of the Municipality of Brockton, The Bruce-Grey-Owen Sound Health Unit, Stan Koebel and The Walkerton Public Utilities Commission.

"Class Action" means Court File No. 00-CV-192173CP.

"Class Counsel Representative" means counsel appointed by the Judge on the recommendation of the solicitors of record for the plaintiffs in the Class Action.

"Class Member" means:

- (a) all persons, except the defendants and third parties, who were ordinarily resident in the area in the Corporation of the Municipality of Brockton formerly known as the Town of Walkerton ("Walkerton"), who consumed or used water delivered by the Walkerton PUC, at any time in the period April 1, 2000 to December 5, 2000;
- (b) all persons, except the defendants and third parties, who were not ordinarily resident in Walkerton, who consumed or used water delivered by the Walkerton PUC at any time in the period April 1, 2000 to June 27, 2000 and who became ill or died as a result thereof;
- (c) all persons, except the defendants and third parties, who were infected with gastroenteritis or a similar type of illness by exposure to a person described in (a) or (b) above; and
- (d) any and all persons, except the defendants and third parties, who are not described in (a), (b) and (c) above or in the definition of a Family Class Member, who have

suffered a loss of any nature or kind relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton PUC in the period from April 1, 2000 to December 5, 2000.

"Compensation Offer" means a written offer of compensation made by the Administrator to an Applicant, with respect to all or part of the loss claimed by the Applicant.

"Contamination" means the presence of disease-causing organisms in the water delivered by the Walkerton PUC during the period from April 1, 2000 to December 5, 2000.

"Estate" means the estate of a Class Member or Family Class Member.

"Family Class Member" means the spouse or same-sex partner, child, grandchild, parent, grandparent and sibling of someone described in subparagraphs (a), (b) or (c) of the definition of a Class Member.

"Family Law Act" means the *Family Law Act*, R.S.O. 1990, c. F.3, as amended.

"Insured Services" means insured services as defined in the *Health Insurance Act*, R.S.O. 1990, c. H.6, as amended.

"Judge" means the Honourable Mr. Justice Warren K. Winkler or a judge of the Ontario Superior Court of Justice designated by him, or in the event of Mr. Justice Winkler's unavailability, a judge of the Ontario Superior Court of Justice appointed by the Chief Justice.

"Judgment" means the Judgment approving the settlement of the Class Action.

"Mediators" means persons selected from a roster of mediators, from Mediated Solutions Inc. or elsewhere, for the purpose of conducting mediations under this Plan.

"Ontario" means Her Majesty the Queen in Right of Ontario.

"Plan" means the Walkerton Compensation Plan approved by the Judge, as amended, supplemented or restated from time to time.

"Plan Counsel" means counsel appointed by the Administrator to represent it at mediations, arbitrations and assessments of damages under this Plan.

"Retainer Agreements" means the letter agreement Ontario and ADR Chambers Inc. dated August 23, 2000 and agreement between Ontario and Mediated Solutions Inc. effective August 8, 2000, dated December 22, 2000.

"Same-sex partner" means either of two persons of the same sex who have cohabited:

- (a) continuously for a period of not less than three years; or
- (b) in a relationship of some permanence, if they are the natural or adoptive parents of a child.

"Service Agreement" means the contract between Ontario and Crawford effective July 25, 2000.

"Spouse" means either of a man and woman who:

- (a) are married to each other, or
- (b) have together entered into a marriage that is voidable or void, in good faith on the part of the person relying on this clause to assert a right under this Plan; or
- (c) are not married to each other but have cohabited:
 - (i) continuously for a period of not less than three years; or
 - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child.

"Third Parties" means Ian D. Wilson Associates Limited, Davidson Well Drilling Limited, Earth Tech (Canada) Inc., Conestoga-Rovers & Associates Limited, B. M. Ross And Associates Limited, Gap EnviroMicrobial Services Inc., A & L Canada Laboratories East, Inc., David Biesenthal and Carolyn Biesenthal.

"Walkerton" means the area in the Corporation of the Municipality of Brockton formerly known as the Town of Walkerton.

2. COMPENSATION, ELIGIBILITY AND COVERAGE

2.1 BASIS OF COMPENSATION

- (1) Under this Plan, the right to and the amount of compensation payable shall be determined in accordance with the legal principles applied in Ontario courts without regard to issues of fault, liability or contributory negligence but there shall be no payment for or entitlement to payment for aggravated, exemplary or punitive damages.

- (2) An Estate may apply for any compensation the Class Member or Family Class Member could have applied for, but for his or her death.

2.2 INCLUDED INJURIES AND LOSSES

2.2.1 CLASS MEMBERS WHO BECAME ILL OR DIED

A Class Member who became ill or died may apply for compensation arising from any injury or loss for which an Ontario court would award damages, not paid or payable pursuant to any other plan or program, including the following:

- (a) pain and suffering, including physical injury, nervous shock or mental distress;
- (b) past and future lost income;
- (c) past and future health expenses which are not Insured Services; and
- (d) pecuniary losses;

caused by the Contamination.

2.2.2 CLASS MEMBERS WHO DID NOT BECOME ILL OR DIE

Where, in the absence of any physical illness or death, a Class Member suffered mental distress or incurred expenses or lost income or suffered pecuniary loss or incurred reasonable expenses for preventative health care measures caused by the Contamination, not paid or payable pursuant to any other plan or program, the Class Member may apply for compensation for such losses under this Plan.

2.2.3 OTHER LOSSES OF CLASS MEMBERS

A Class Member may apply for compensation for any other losses, including economic losses, caused by the Contamination, not otherwise described in Section 2.2.1 or 2.2.2 of this Plan, not paid or payable pursuant to any other plan or program, provided that such loss is proven by the Class Member on the facts and provided that the loss is recoverable under Ontario law.

2.2.4 FAMILY CLASS MEMBERS

A Family Class Member may apply for compensation for pecuniary losses, other than those paid or payable pursuant to any other plan or program, resulting from an injury to or death of a Class Member caused by the Contamination, including, as set out in subsection 61(2) of the Family Law Act:

- (a) actual expenses reasonably incurred for the benefit of the Class Member who was injured or who has died;
- (b) actual funeral expenses reasonably incurred as a result of the death of the Class Member and not otherwise reimbursed to the Estate of the Class Member under this Plan;
- (c) a reasonable allowance for travel expenses actually incurred in visiting the Class Member during his or her treatment or recovery;
- (d) a reasonable allowance for loss of income or for the value of services where, as a result of the injury, the Family Class Member provides nursing, housekeeping or other services for the Class Member; and
- (e) an amount to compensate for the loss of guidance, care and companionship that the Family Class Member might reasonably have expected to receive from the Class Member if the injury or death had not occurred.

2.3 FURTHER APPLICATIONS TO THIS PLAN PERMITTED

A Class Member or Family Class Member who receives a payment under this Plan may make further applications and seek further damages if he, she or it suffers damages occurring or materializing after, or not reasonably discovered before, the date of the latest prior application, for which compensation has not previously been assessed or paid.

3. PROCESS FOR DETERMINING COMPENSATION

The process of this Plan provides for up to five stages: application, evaluation, mediation, arbitration, and, in cases of serious injury or death, assessment of damages by a Judge.

3.1 APPLICATION

3.1.1 GENERAL

An Applicant who wishes to apply for compensation must do so by submitting an Application Form to the office of the Administrator in Walkerton.

3.1.2 APPLICANTS UNDER A DISABILITY AND ESTATES

- (1) Applications on behalf of an Applicant under a disability must, in the case of a minor, be completed by a person having custody of the minor, or in other cases such representative as the Administrator decides.
- (2) Applications on behalf of Estates must be completed by an estate trustee.

3.1.3 SUPPORTING DOCUMENTATION AND INFORMATION

- (1) The Application Form is designed to provide to the Administrator the information necessary to assess each claim. However, Applicants or their representatives will be required to provide any supporting documentation, including receipts, income information and medical documentation, to establish their claim and to enable the Administrator to understand and evaluate the application fully and efficiently. The Administrator's understanding and evaluation of larger claims involving more serious injuries will be greatly facilitated by the provision of all relevant supporting information and documentation.
- (2) The Administrator may also need to obtain information or documentation directly from health professionals, hospitals or other parties. Applicants may be asked to complete a consent form authorizing the Administrator to obtain information directly from third parties.
- (3) If the Administrator has questions regarding an application or requires other supporting information or documentation, the Administrator may contact Applicants, or their legal representatives, and request further information and documents.

3.1.4 CONSENTS REGARDING PERSONAL INFORMATION

- (1) A Class Member must consent to his or her personal information being released to the Administrator, or
 - (a) where the personal information is about a deceased person, the consent of the deceased person's personal representative must be provided;
 - (b) where the personal information is about a child under 16 years of age, the consent of a person having lawful custody of the child must be provided;
 - (c) where the personal information is about an individual under a continuing power of attorney or a power of attorney for personal care, the consent of the individual's attorney must be provided; and
 - (d) where the personal information is about an individual (not a minor under the age of 18) who has a guardian of the person or guardian of the property, the consent of the guardian must be provided.

- (2) A Class Member must, or a person authorized under the *Personal Health Information Privacy Act, 2000*, may consent to the release of the personal health information on behalf of the Class Member.

3.1.5 EXPENSES INCURRED FOR MEDICAL REPORTS

If requested by an Applicant, the Administrator will pay directly to health professionals and hospitals their reasonable costs for the preparation and delivery of any reports or records provided by them. So, too, the Administrator will reimburse Applicants for their reasonable costs incurred in obtaining relevant hospital records and medical reports.

3.2 EVALUATION OF APPLICATIONS

3.2.1 ADMINISTRATOR'S EVALUATION

- (1) The Administrator will determine eligibility and evaluate each application in accordance with the provisions of the Plan.
- (2) The Administrator will evaluate each application individually, taking into account the particular facts in each application. The evaluation will be independent of Ontario.
- (3) The Administrator may also meet with an Applicant for a better understanding of the Applicant's individual circumstances.
- (4) The Administrator shall not make a decision as to entitlement to compensation until all necessary proof is completed and submitted to the satisfaction of the Administrator.

3.2.2 PROOF OF CLAIMS AND STANDARD OF REVIEW OF APPLICATION

The Administrator will only offer compensation when satisfied, on a balance of probabilities, that:

- (a) the Applicant is an eligible person under this Plan;
- (b) the physical injury or other loss was caused by the Contamination;
- (c) the damages claimed were suffered; and
- (d) the damages are payable in accordance with Ontario law under this Plan.

3.2.3 COMPENSATION OFFER

- (1) The Administrator will decide whether compensation is payable and, if so, in what amount. The Administrator will communicate its decision to the Applicant by delivering a Compensation Offer. If the Administrator does not make a Compensation Offer, the Administrator will communicate to the Applicant its reasons in writing for deciding to deny compensation.
- (2) Each Class Member who is entitled to compensation under the Plan, other than someone described in subparagraph (d) of the definition of Class Member, shall receive the amount of \$2,000 upon proof of qualification.
- (3) If the Class Member believes that his, her or its damage would be assessed in an amount greater than \$2,000, the Class Member may accept the \$2,000 as a payment on account and seek further compensation in accordance with the terms of this Plan.
- (4) In order to receive any further compensation over and above the \$2,000 payment, the Class Member must prove that his, her or its losses, compensable in accordance with the provisions of this Plan, exceed the \$2,000 payment on account.
- (5) For greater certainty, the \$2,000 payment shall be considered a minimum payment on account of compensation for any and all forms of injury, loss or damages suffered by a Class Member compensable under this Plan, and any interest thereon.

3.2.4 RESPONSE TO COMPENSATION OFFER

- (1) The Compensation Offer will include a Response Portion to be completed by the Applicant. Prior to completing the Response Portion, the Applicant may meet with a representative of the Administrator, propose a counter-offer, and attempt to arrive at a mutually agreed upon resolution. By completing and delivering the Response Portion to the Administrator, the Applicant may:
 - (a) accept the Compensation Offer;
 - (b) reject the Compensation Offer and request mediation, to be followed by arbitration if the mediation is unsuccessful;
- (2) If mediation is unsuccessful, the Applicant shall proceed to arbitration.
- (3) Notwithstanding section 3.2.4(2), if mediation is unsuccessful and if the Applicant's claim relates to serious injury or death, the Applicant may request assessment of damages by the Judge.

- (4) A Class Member who is entitled to a minimum payment of \$2,000 pursuant to the provisions of section 3.2.3 of this Plan, and who rejects an Offer of Compensation as set out above, shall receive the minimum payment of \$2,000 pending further resolution of the Class Member's claim.

3.2.5 ACCEPTANCE AND PAYMENT OF COMPENSATION

- (1) If the Applicant accepts the Compensation Offer, the Administrator will pay the compensation within 30 days of the date of acceptance of the Compensation Offer, unless court approval is required.
- (2) In the case of a settlement reached at mediation, or an award made by an Arbitrator or Judge under this Plan, the Administrator will pay the compensation within 30 days of the later of court approval, if required, the expiry of any appeal period or a final appeal order.

3.2.6 COURT APPROVAL OF COMPENSATION TO PERSONS UNDER DISABILITY AND TO ESTATES

- (1) No court approval is necessary for a payment under section 3.2.3(2), if the amount is payable to a minor, estate trustee, guardian of property of an incapable person or attorney for property under a continuing power of attorney.
- (2) Where the compensation payable under section 3.2.3(2) is for a minor only, the payment will be delivered by the Administrator to the Applicant for the direct benefit of the minor.
- (3) Court approval shall be obtained for any payment to a litigation administrator of an estate.
- (4) Court approval of any amount in addition to the payment under section 3.2.3(2) shall be obtained by an Applicant for a minor, a guardian of property of an incapable person, an attorney for property under a continuing power of attorney or an estate trustee without a will.
- (5) No court approval is required for an estate trustee appointed under a will or codicil ~~X~~ pursuant to a Certificate of Appointment of Estate Trustee.
- (6) This Plan will pay the reasonable costs associated with obtaining court approval.

3.2.7 PARTICIPATION BY ONTARIO

In any application seeking compensation for business loss over \$25,000 or for diminution in the value of real property, the Administrator shall give notice of such claim to Ontario and Ontario may participate in the place of the Administrator in any proceeding relating to such a claim including the initiation of mediation, arbitration or an appeal therefrom, on such terms and in such manner as the Judge may direct.

3.3 MEDIATION, ARBITRATION AND ASSESSMENTS

3.3.1 MEDIATION

- (1) If an Applicant rejects a compensation offer and proceeds to mediation, mediation will take place in accordance with rules set by the Judge, to include a provision that costs shall never be awarded against an Applicant.
- (2) If a mediation does not successfully resolve the Applicant's claim, subject to section 3.2.4(3), the Applicant shall proceed to arbitration.

3.3.2 ARBITRATION

If an Applicant proceeds to an arbitration, arbitration will take place in accordance with rules set by the Judge. The rules shall include a provision permitting an appeal to the Judge from an arbitration award on a question of law, a question of fact, or a question of mixed fact and law, and that costs shall never be awarded against an Applicant.

3.3.3 ASSESSMENT OF DAMAGES BY THE JUDGE

If an Applicant proceeds to an assessment of damages by the Judge under section 3.2.4(3), costs shall never be awarded against an Applicant.

3.3.4 PARTIES TO A MEDIATION, ARBITRATION OR ASSESSMENT

Except as provided in Section 3.2.7:

- (1) At a mediation or an arbitration, the parties shall be the Administrator and the Applicant.
- (2) At an assessment of damages, the parties shall be the Administrator and the Applicant.
- (3) At a mediation, arbitration or assessment of damages, the Applicant may be represented by counsel or a representative. At any mediation, the Administrator may be represented by Plan Counsel or a representative. At any arbitration or assessment of damages, the Administrator shall be represented by Plan Counsel.

3.4 ELECTION TO ARBITRATE

If the Administrator rejects an application for compensation on the basis that the application is made by a person who is not a Class Member or Family Class Member or if the Administrator determines that no Compensation Offer will be made to a person, that person may elect to have his, her or its entitlement and/or compensation determined at an arbitration by delivering to the Administrator an election in prescribed form.

3.5 PRELIMINARY DETERMINATION

If an Applicant requests an assessment of damages by a Judge under section 3.2.4(3) above, Plan Counsel may request the Judge to decide on a preliminary basis whether the Applicant's claim relates to a serious injury or death caused by the Contamination and is therefore eligible for assessment of damages by the Judge.

4. LEGAL ASSISTANCE TO APPLICANTS

- (1) Applicants may be represented by lawyers for the purpose of seeking compensation under this Plan.
- (2) In the event an Applicant is not represented by counsel, the Administrator shall encourage the Applicant to seek independent legal advice.
- (3) The Plan will pay reasonable legal costs for an Applicant's lawyer or for independent legal advice in accordance with a tariff to be approved by the Judge.

5. NO ADMISSION OF LIABILITY

Neither the establishment of this Plan nor the payment of any compensation under this Plan constitutes an admission of liability by Ontario, any Certified Defendant or any Third Party.

6. CONFIDENTIALITY OF INFORMATION

Any information created or obtained by any person, organization or governmental body, (including the Administrator, Mediators, Arbitrators and the Judge conducting an assessment of damages under section 3.2.4(3) herein) involved in administering this Plan is confidential and, except as required by law, shall be used and disclosed only for the purpose of administering this Plan.

7. RETENTION AND DISPOSAL OF RECORDS

- (1) The Administrator, Mediators and Arbitrators will maintain all Applicants' Data and all other information created, compiled or obtained in the course of administration of this Plan as the Judge shall direct.

- (2) On the termination of this Plan, all documents collected or compiled in the course of the administration of this Plan will be dealt with as the Judge directs.

8. CO-ORDINATION WITH ONTARIO'S OTHER COMPENSATION PLANS

Notwithstanding the other provisions of this Plan, an Applicant cannot claim payment for expenses or losses already reimbursed from or through the:

- (a) Brockton Response Centre,
- (b) Brockton Emergency Personal Claims Assistance,
- (c) Brockton Emergency Assistance for Business, or
- (d) Walkerton Compensation Plan prior to the date of Judgment,

and no amount will be payable for those damages under this Plan unless, and then only to the extent that, the Applicant's entitlements under this Plan exceed the payments so received.

9. CONSENT TO RELEASE OF INFORMATION

- (1) Each Applicant must consent in the prescribed form to allow the Administrator:
 - (a) to verify independently whether or not the Applicant applied for compensation through the Brockton Response Centre, the Brockton Emergency Personal Claims Assistance, or the Brockton Emergency Assistance for Business; and
 - (b) to examine all records relating to the payment of compensation under any of the Brockton Response Centre, the Brockton Emergency Personal Claims Assistance, or the Brockton Emergency Assistance for Business.
- (2) An Applicant will not be paid under this Plan for losses compensable under those programs unless and until such consent in prescribed form is delivered to the Administrator.

10. INTEREST

Under this Plan, interest is payable and is to be calculated in accordance with the provisions of s. 128 of the *Courts of Justice Act*, R.S.O. 1990, c.C.43, as amended. Interest payable under this Plan must be calculated on the basis of simple, not compound, interest.

11. FIRST CLAIM DEADLINE

- (1) After January 2, 2002, no person may make an application for compensation under this Plan for the first time unless the application is made within one year:
 - (a) of the person claiming to be a Class Member attaining his or her age of majority;
 - (b) of an incapable person claiming to be a Class Member having a guardian of property, attorney for property or litigation guardian authorized to make the application;
 - (c) following the date upon which the person claiming to be a Class Member first learned that he or she sustained serious or permanent bodily injury caused by the Contamination; or
 - (d) following the date of death of the person claimed to be a Class Member.
- (2) If a Class Member qualifies under (a), (b), (c) or (d) above, then his or her Family Class Members may make an application for compensation after that date but not otherwise.

12. TERMINATION OF THIS PLAN

This Plan shall terminate on a date to be ordered by the Judge.

13. RELEASES ALREADY OBTAINED

Notwithstanding any release signed by a Class Member or a Family Class Member prior to the Approval Date, any such Class Member or Family Class Member may take the benefit of this Plan, by submitting an Application Form.

14. COLLATERAL BENEFITS

- (1) If an Applicant is or was entitled to be paid compensation under this Plan and is or was also entitled to be paid compensation under an insurance policy or other plan or program in any way relating to or arising directly or indirectly from the Contamination, the compensation payable under this Plan will be reduced by the amount of the compensation that the Applicant is entitled to be paid under the insurance policy or other plan or program.
- (2) Notwithstanding the provisions of the previous paragraph, life insurance payments received by the Applicant will not be taken into account for any purposes whatsoever under this Plan.

15. SUBROGATION RIGHTS

- (1) Ontario shall provide a blanket waiver in writing of all Applicants obligations to assert subrogation pursuant to subsection 31(a) of the *Health Insurance Act*.
- (2) No Applicant shall assert a claim for subrogation on behalf of the Ministry of Health for the cost of Insured Services.
- (3) No subrogation payment of any nature or kind will be paid, directly or indirectly, under this Plan, and without restricting the generality of this provision:
 - (a) no government and no department of a government providing employment insurance, health care, hospital, medical and prescription services, social assistance or welfare will be paid under this Plan;
 - (b) no municipality and no department of a municipality will be paid under this Plan;
 - (c) no person exercising a right of subrogation will be paid under this Plan; and
 - (d) no Applicant will be paid compensation if the claim is being asserted as a subrogated claim or if the Applicant will hold any money paid under this Plan in trust for any other party exercising a right of subrogation or, if a payment under this Plan will lead to a reduction in other payments from an insurer for which the Applicant would otherwise qualify.

16. APPOINTMENT AND SUPERVISION OF THE ADMINISTRATOR, ARBITRATORS AND MEDIATORS

- (1) The Judge shall have the power to appoint and replace the Administrator, the Mediators and the Arbitrators from time to time, as may be necessary for the proper administration and operation of the Plan.
- (2) The Service Agreement and the Retainer Agreements shall continue. Notwithstanding the terms of the Service Agreement and the Retainer Agreements, the Judge shall issue all necessary directions, protocols, instructions, decisions or orders for the proper implementation, administration and execution of this Plan and any such directions, protocols, instructions, decisions and orders shall apply to, amend or supersede the terms of the Service Agreement and/or the Retainer Agreements where inconsistent therewith, provided however that the obligation of Ontario to pay under the Service Agreement and the Retainer Agreements shall continue.
- (3) The Administrator shall administer this Plan and shall report to the Judge in a manner that the Judge directs.

- (4) The Administrator shall submit a budget for the operation of this Plan to the Judge for approval and shall pass its accounts from time to time but no less frequently than once per year.
- (5) The Judge may appoint an auditor and order an audit of the records of the Administrator relating to the administration of this Plan.
- (6) Ontario may audit the Administrator's records of this Plan from time to time with the consent of the Judge on such terms as the Judge may impose. Any such audit shall take place at the Administrator's place of business.

17. ADMINISTRATION OF THIS PLAN

The Judge may issue orders in such form as is necessary to implement and enforce the provisions of this Plan and will supervise the ongoing administration and operation of this Plan, and without limiting the generality of the foregoing:

- (a) The Judge may make any order he considers necessary for the administration or operation of this Plan upon notice to the Administrator, the Class Counsel Representative and Ontario.
- (b) The Administrator, the Class Counsel Representative or Ontario may apply to the Judge for directions concerning the proper administration or operation of this Plan, including the determination of eligibility and evaluation of applications, at any time.
- (c) The Judge may appoint an assistant and this Plan shall pay the reasonable costs of that assistant as fixed by the Judge.
- (d) The Judge shall approve all rules, protocols and the tariffs with respect to legal costs necessary for the administration or operation of this Plan on notice to the Class Counsel Representative, the Administrator and Ontario.
- (e) The Class Counsel Representative shall present his or her accounts to the Judge and this Plan shall pay the reasonable costs of the Class Counsel Representative as fixed by the Judge for services related to the administration or operation of the Plan.

18. COSTS OF THIS PLAN

Ontario has undertaken to the court to pay all the costs of this Plan, and if there are any disputes about payment of these costs, such disputes shall be resolved by the Judge. The undertaking shall subsist until the termination of this Plan or until such time as the Judge releases Ontario from its undertaking.

19. AMENDMENT OF THIS PLAN

Other than sections 2.1, 2.2 and the amount of the \$2,000 minimum payment set out in section 3.2.3(2), this Plan may be amended by order of the Judge, in accordance with the provisions of this Plan and the provisions of the *Class Proceedings Act, 1992*, on notice to the Administrator, the Class Counsel Representative and Ontario.

THIRD PARTY AGREEMENT

AMONG:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
("Ontario")

ONTARIO'S COUNSEL, McCARTHY TETRAULT,
as Escrow Agent (the "Escrow Agent")

IAN D. WILSON ASSOCIATES LIMITED ("Wilson")

DAVIDSON WELL DRILLING LIMITED ("Davidson")

EARTH TECH (CANADA) INC. ("Earth Tech")

B.M. ROSS & ASSOCIATES LIMITED ("Ross")

A & L CANADA LABORATORIES EAST, INC. ("A&L")

CONESTOGA-ROVERS & ASSOCIATES LIMITED ("Conestoga")

GAP ENVIROMICROBIAL SERVICES INC. ("Gap")

DAVID BIESENTHAL AND CAROLYN BIESENTHAL
(collectively, the "Biesenthals")

and

PLAINTIFFS' CLASS COUNSEL

1. **Wilson, Davidson, Earth Tech, Ross, A&L, Conestoga, Gap and the Biesenthals are hereinafter referred to collectively as the "Third Parties".**
2. **Reflecting the legal costs of defending a complex action and in consideration of the terms of attached order dated February 1, 2001 of Mr. Justice Winkler in Court File No. 00-CV-192173 CP (the "Order"), the Third Parties will contribute a total amount of \$1,000,000.00 (One Million Dollars) (the "Third Party Fund") to the payments referred to in paragraphs 7(j) and 7(k) of the Order.**
3. **Each Third Party may recover from the amount it has contributed to the Third Party Fund, to the maximum of its contribution plus accumulated interest, to satisfy any claims, awards, judgments or settlements for aggravated, exemplary and/or punitive damages or**

any and all fees, costs, or other expenses of any nature or kind related thereto. This paragraph shall not, however, affect any right that the Third Parties may otherwise have to claim from Ontario for aggravated, exemplary and/or punitive damages and any and all fees, costs, or other expenses of any nature or kind related thereto.

4. The Third Party Fund shall be held in an interest bearing trust account by McCarthy Tétrault as Escrow Agent, or by such other Escrow Agent as Mr. Justice Winkler may appoint.
5. A Third Party is entitled to receive from the Escrow Agent the return of part or all of its contribution plus applicable accumulated interest from the Third Party Fund for the purpose of satisfying its legal defence costs and any judgments, awards, claims or settlements the Third Party may hereafter have with respect to the matters referred to in paragraph 3 above, within 30 days, upon presentation to the Escrow Agent of the following:
 - (a) copies of any claims or threatened claims made in writing or statements of claim;
 - (b) evidence of expenditures required to be made or already made by the Third Party to satisfy the legal defence costs and judgments, awards, claims or settlements referred to above by production of a copy of the solicitors' invoices, judgments, awards, claims or settlements as the case may be; and
 - (c) evidence of the contribution to the Third Party Fund by that Third Party.
6. Mr. Justice Winkler shall deal with any dispute with respect to the Third Party Fund.
7. After satisfaction of the payments required by paragraph 3, the balance of the Third Party Fund, if any, shall be divided as follows: a 5/22 share to plaintiffs' class counsel and a 17/22 share to Ontario, upon application to and authorization for its release in whole or in part by Mr. Justice Winkler.
8. In the event of the unavailability of Mr. Justice Winkler, any dispute concerning the Third Party Fund shall be determined by a judge of the Ontario Superior Court of Justice appointed by the Chief Justice of the Trial Division.
9. For clarity, this agreement applies notwithstanding paragraph 7(l) of the Order.

Dated: February 1, 2001

Ontario by its counsel
McCarthy Tétrault

McCarthy Tétrault

McCarthy Tetrault
as Escrow Agent

McCarthy Tetrault

Wilson by its counsel

H. Paul McLaughlin

Davidson by its counsel

James

Earth Tech by its counsel

J. Scott Maidment

Ross by its counsel

J. Ross

A & L by its counsel

D. J. Kershaw

Conestoga by its counsel

Blake Cassels & Graydon LLP per Kirk Nicol

Gap by its counsel

Blake Cassels & Graydon LLP per Kirk Nicol

The Biesenthals by their counsel

[Signature]

Plaintiffs' Class Counsel

[Signature]

NOTICE OF SETTLEMENT WALKERTON CLASS ACTION

This notice may affect your rights. Please read carefully.

Mr. Justice Winkler has approved the settlement of the class action for:

- (a) the members of the Class defined as:
- (i) all persons, except the defendants and third parties, who were ordinarily resident in the area in the Corporation of the Municipality of Brockton formerly known as the Town of Walkerton ("Walkerton"), who consumed or used water delivered by the Walkerton PUC, at any time in the period April 1, 2000 to December 5, 2000;
 - (ii) all persons, except the defendants and third parties, who were not ordinarily resident in Walkerton, who consumed or used water delivered by the Walkerton PUC at any time in the period April 1, 2000 to June 27, 2000 and who became ill or died as a result thereof;
 - (iii) all persons, except the defendants and third parties, who were infected with gastroenteritis or a similar type of illness by exposure to a person described in (i) or (ii) above; and
 - (iv) any and all persons, except the defendants and third parties, who are not described in (i), (ii) and (iii) above or in the definition of a Family Class Member, who have suffered a loss of any nature or kind relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton PUC in the period from April 1, 2000 to December 5, 2000;
- (b) the members of the Family Class defined as: the spouse or same-sex partner, child, grandchild, parent, grandparent and sibling of a member of the class defined in subparagraph (a) (i), (ii) and (iii).

TERMS OF THE SETTLEMENT

The defendants and third parties agreed to a settlement, approved by the court, in full and final settlement of all claims by affected persons in the class action. The defendants and third parties do not admit any wrongdoing or liability on their part. The settlement is a compromise of disputed claims. The settlement funds will be distributed in accordance with the provisions of the Walkerton Compensation Plan.

OPT OUTS

Any affected person who wishes to opt out of the settlement must do so by sending a written notice to:

Neal Pallett & Townsend LLP
289 Dufferin Avenue
London, Ontario N6B 1Z1
Attention: Walkerton Class Action

on or before May 1, 2001 stating that he or she is opting out of the settlement.

No person may opt out a minor or a mentally incompetent person without permission of the court after notice to the Public Trustee and/or the Children's Lawyer, as appropriate.

This notice is approved by Chief Justice LeSage of the Ontario Superior Court of Justice.

All affected persons who do not opt out will be bound by the terms of the settlement.

APPLICATION FORMS

The court has appointed an Administrator to administer the Walkerton Compensation Plan.

Application Forms will be available from the Administrator.

ADDITIONAL INFORMATION

Any questions about the matters in this Notice should not be directed to the court because its administrative structure is not designed to address this type of inquiry. A complete copy of the judgment, which includes the Walkerton Compensation Plan, may be obtained by attending at the Brockton Response Centre at 111 Jackson Street South in Walkerton or by calling (519) 881-2440 or 1-800-338-8791 or by visiting class counsel's website at www.walkertonclassaction.com or the Ministry of the Attorney General's website at www.attorneygeneral.ius.gov.on.ca. Questions for class counsel should be directed by telephone or in writing to one of the following class counsel

C. Scott Ritchie, Q.C.
Telephone: 1-800-461-6166
Fax: (519) 672-6065
e-mail: walkerton@siskinds.com

David B. Williams
Telephone: 1-800-263-0489
Fax: (519) 667-3362
e-mail: dwilliams@harrisonpensa.com

Harvey T. Strosberg, Q.C.
Telephone: 1-800-229-5323
Fax: (519) 258-9527
e-mail: hts@strosbergco.com

Thomas N. White
Telephone: (519) 357-3630
Fax: (519) 357-2798
e-mail: tnw@scsinternet.com

Stanley M. Tick, Q.C.
Telephone: 1-800-269-7069
Fax: (905) 523-8080
e-mail: stayshyn@smtick.com

Robert W. Garcia
Telephone: (519) 364-3643
Fax: (519) 364-6594
e-mail: rgarcia@garcia-law.com

MUNICIPALITY OF BROCKTON ET AL.

ET AL.

Plaintiffs

Defendants

Third Parties

Court File No. 00-CV-192173 CP

**ONTARIO
SUPERIOR COURT OF JUSTICE**

PROCEEDINGS COMMENCED AT TORONTO

JUDGMENT

ROBERT GARCIA

STANLEY M. TICK & ASSOCIATES
Stanley M. Tick, Q.C.

SISKIND, CROMARTY, IVEY & DOWLER, LLP
C. Scott Ritchie, Q.C.

SUTTS STROSBERG, LLP
Harvey T. Strosberg, Q.C.

HARRISON PENZA, LLP
David Williams

CRAWFORD, MILL & DAVIES
Thomas N. White

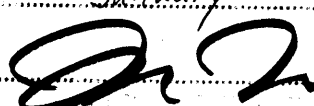
CO-COUNSEL FOR THE PLAINTIFFS

**SERVICE OF ALL DOCUMENTS
SHOULD BE C/O:**
SISKIND, CROMARTY, IVEY & DOWLER, LLP
Barristers and Solicitors
680 Waterloo Street
London ON M6A 4G9
Attention: C. Scott Ritchie, Q.C.
Tel: 519-672-2121
Fax: 519-672-6055

FILE: 94-900-000

Walkerton Compensation Plan

Class Action Settlement Stage 1 Application

Kimberley Chalmers
7th
January 2004


Walkerton Compensation Plan Class Action Settlement General Instructions

This Application Forms Package contains:

1. The Walkerton Compensation Plan outlining the available compensation;
2. The Walkerton Compensation Plan General Instructions explaining the claims process;
3. Stage 1 Application for Compensation;
4. Consent for the Release of Medical Information Forms;
5. Health Practitioner's Information Form; and
6. a self-addressed return envelope.

1. What is the Walkerton Compensation Plan Class Action Settlement?

The Walkerton Compensation Plan Class Action Settlement is a Court approved settlement of the class action certified with respect to the contamination of the water supply in the former Town of Walkerton during the period April 1, 2000 and December 5, 2000. The Plan as amended and approved by the Court will provide compensation for persons who qualify. The administration of the Plan is being supervised by the Court.

2. Who qualifies under the Walkerton Compensation Plan?

You may qualify under the Plan if:

- you were ordinarily resident in the former Town of Walkerton and consumed or used water delivered by the Walkerton P.U.C. at any time in the period April 1, 2000 to December 5, 2000;
- although not ordinarily resident in the former Town of Walkerton, you became ill (or died) as a result of consuming or using water delivered by the Walkerton P.U.C. at any time in the period April 1, 2000 to June 27, 2000;
- you were infected with gastroenteritis or a similar type of illness by exposure to a person described in either paragraph above;
- you are the spouse or same sex partner, child, grandchild, parent, grandparent or sibling of a person described in any of the paragraphs above; or
- although not described in any of the paragraphs above, you suffered a loss of any nature or kind relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C. in the period April 1, 2000 to December 5, 2000.

3. What types of compensation are available to me under the Walkerton Compensation Plan?

If you qualify under the Plan, you may apply for financial compensation for any injury or loss arising from the contamination of the water supplied by the Walkerton P.U.C. in the former Town of Walkerton during the period described above. Damages will be assessed in accordance with the principles an Ontario Court would apply. Damages are not paid if recoverable from any other plan or program. No amount shall be paid for aggravated, exemplary or punitive damages.

4. How do I claim under the Walkerton Compensation Plan?

To commence a claim under the Plan, complete the enclosed Stage 1 Application. Return the completed Application with a copy of the documents and other Forms that apply to your claim. You may return the completed Application Forms Package personally or by return mail to:

Walkerton Compensation Plan
c/o Crawford Adjusters Canada
106 Colborne St. N PO Box 1587
Walkerton, Ontario
N0G 2V0.

5. How does the Walkerton Compensation Plan work?

Each person who wishes to claim under the Plan must do so by completing and returning a Stage 1 Application before **January 2, 2002**. This Application will begin the process. Whether or not you are in the category of class members entitled to the \$2,000 minimum payment, your Stage 1 Application will register you in the Plan.

When your Stage 1 Application is received an acknowledgement letter will be sent to you. Your Stage 1 Application will undergo preliminary assessment to evaluate whether you are in the category of class member who qualify for the \$2,000 minimum payment described in Section 3.2.2 of the Plan. Payment amounts up to \$2,000 for qualified applicants will be processed and cheques issued at this time.

Once an evaluation of your Stage 1 Application has been completed a Stage 2 Application will be sent to you. You may complete and submit the Stage 2 Application for full assessment of your claim. The Stage 2 Application will address in detail the particulars of your individual injuries or losses.

6. Who should complete the Stage 1 Application and what documentation is required?

A separate Stage 1 Application must be completed for each person applying for compensation.

An applicant who was ordinarily resident during the time period April 1, 2000 to December 5, 2000 in the former Town of Walkerton, should provide a copy of his or her driver's license or other proof of residency with the completed Application.

An applicant who was not ordinarily resident in the former Town of Walkerton between April 1, 2000 and June 27, 2000 should provide a copy of any documentary evidence of their presence in Walkerton during this time.

It is understood that not everyone who was ill received medical attention. However, to expedite the review process persons who answered yes in Section B question 2 or 3 of the Application should provide any supporting medical documentation in their possession. If you do not have your medical records you may i) obtain them yourself, ii) sign the Consent for Release of Medical Information Form included in this package or iii) have your treating physician complete the Health Practitioner's Information Form provided and return the appropriate documentation with this Application.

A qualified person must act on behalf of an applicant who is a minor, an incapable person or an estate. Persons who would generally qualify to act include the following:

- The parents, a custodial parent or a Litigation Guardian are qualified to act on behalf of an applicant who is a minor. A birth certificate of the minor is required in each case. Both parents should sign the Application on behalf of their minor child who is resident with them. A copy of a Custody Order, Separation Agreement, or the Court Appointment of a Litigation Guardian, if applicable, should be provided with the completed Application.

- A Guardian of Property, an Attorney for Property under a Continuing Power of Attorney or a Litigation Guardian is qualified to act on behalf of the applicant who is an incapable person. A copy of the Court Order, Certificate of Guardianship, or Continuing Power of Attorney should be provided with the completed Application.

- An estate trustee or a Litigation Administrator is qualified to act on behalf of a person who has died. A copy of the Will or Codicil containing the appointment, the Certificate of Appointment or the Court Order should be provided with the completed Application.

If you are unsure about your situation contact the Walkerton Compensation Claims Centre.

Information contained in or required by the application process will be collected and used by the Court appointed Administrator. This may include records held by the Ontario Support Centre (Emergency Business Support), Brockton Response Centre, The Ontario Clean Water Agency or the previous "Walkerton Compensation Plan" as it pertains to benefits that have been received through these programs.

7. Legal Representation or Independent Legal Advice

Applicants may be represented by a lawyer in the claims process. Applicants not represented by a lawyer are encouraged to seek independent legal advice. You are free to use a lawyer of your choice. The Plan will pay, in accordance with guidelines to be established by the Court, the reasonable fees and disbursements for representation by a lawyer or for independent legal advice for persons who qualify under the Plan.

8. What if I don't want to participate in the Walkerton Compensation Plan Class Action Settlement?

You must opt-out of the Walkerton Compensation Plan Class Action Settlement, by sending a written election by May 1, 2001 to:

Neal Pallett & Townsend LLP.
289 Dufferin Avenue
London, Ontario N6B 1Z1
Attention: Walkerton Class Action

in the case of a minor a copy must also be sent to:

The Office of the Children's Lawyer
14th floor
393 University Avenue
Toronto, Ontario M5G 1W9
Attention: Walkerton Class Action

in the case of an incapable person a copy must also be sent to:

The Office of the Public Guardian and Trustee
800 - 595 Bay Street
Toronto, Ontario M5G 2M6
Attention: Walkerton Class Action

9. What if I need help?

If you have any general inquiries or require further assistance please call the Walkerton Compensation Plan Claim Centre, c/o Crawford Adjusters Canada at (519) 881-4343 or toll-free 1-866-876-3974.

10. Note to Reader

This overview was developed to assist in providing you with a general understanding of the Plan and the claims process. However, the Plan, in all its detail is provided with this package for your review. In the event the provisions of the Plan conflict with this overview, the provisions of the Plan shall prevail.

Walkerton Compensation Plan

Class Action Settlement Application - Stage 1

Please refer to item #6 of the General Instructions. If you are the applicant complete the Applicant Identification section. If you are applying on behalf of an applicant who is an estate, a minor or an incapable person please complete both the Applicant Identification and the Representative Identification sections.

Section A - Applicant Identification

Last Name _____	File# _____ For Office Use Only
First Name & Initial _____	
Current Address _____ P.O. Box _____	
City _____ Province _____ Postal Code _____	
Address(es) between April 1, 2000 to December 5, 2000, if different from above. _____ _____	
Birth Date: Year _____ Month _____ Day _____ Date of Death (if applicable): Year _____ Month _____ Day _____	
SIN _____ Health Card # _____	
Home Phone _____ - _____ Work Phone _____ - _____ Fax _____ - _____	
email _____	
You can be reached: <input type="checkbox"/> by telephone <input type="checkbox"/> at home <input type="checkbox"/> other _____ <input type="checkbox"/> at work _____	
Language Spoken _____	
What is the best time to reach you: Day(s) of the week _____ Time of day _____ <input type="checkbox"/> am <input type="checkbox"/> pm	

Representative Identification

This section is to be completed only by a person qualified to act on behalf of an applicant who is an estate, a minor or an incapable person. See item #6 of the General Instructions to determine who is qualified to act.	
Last Name _____	I am applying on behalf of an applicant who is: <input type="checkbox"/> A minor <input type="checkbox"/> An incapable person <input type="checkbox"/> An estate
First Name & Initial _____	
Address _____	
City _____ Province _____ Postal Code _____	
Home Phone _____ - _____ Work Phone _____ - _____ Time of day _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
What is the best time to reach you: Day(s) of the week _____	
Please include proof of qualification to act. Refer to item #6 of the General Instructions and Section C of this Application.	

This section is to be completed only if a lawyer is representing the Applicant.	
Name of Law Firm _____	
Last Name _____	First Name _____
Address _____	
City _____ Province _____ Postal Code _____	
Phone _____ - _____ Fax _____ - _____ email _____	

Section B

Applicant Information - Complete the following section about the applicant

Question 1

Were you ordinarily resident in the former Town Of Walkerton at any time between April 1, 2000 and December 5, 2000?

Yes ☐ No ☐

If so, for what period? From _____ To _____

If so, did you consume or use water delivered by the Walkerton P.U.C. at any time between April 1, 2000 and December 5, 2000?

Yes ☐ No ☐

If you answered yes to this question please proceed to Section C.

Please include proof of residency during the period described above. Refer to item #6 of the General Instructions and Section C of this Application.

Question 2

If you were not a resident of the former Town of Walkerton did you consume or use water delivered by the Walkerton P.U.C. at any time between April 1, 2000 and June 27, 2000?

Yes ☐ No ☐

If yes, when were you in Walkerton? From _____ To _____

Did you become ill as a result of consuming or using water delivered by the Walkerton P.U.C. in that time?

Yes ☐ No ☐

Please describe the purpose of your attendance in Walkerton between the period of April 1, 2000 and June 27, 2000

Please identify where you consumed or used the water during the time you were in Walkerton. _____

How many times did you consume or use the water during the time you were in Walkerton? _____

Please identify your illness. _____

Please identify dates of illness From: _____ To: _____

Did you go to a doctor? Yes ☐ No ☐ Name of doctor _____ Number of visits _____

Identify the dates of visits _____

Did you go to a hospital? Yes ☐ No ☐ Name of hospital _____ Number of visits _____

Identify the dates of visits _____

Were you admitted? Yes ☐ No ☐

Are you still under doctor's care? Yes ☐ No ☐ If yes doctor's name _____

If you answered yes to Question 2 please proceed to Section C.

Please include supporting medical documentation. Refer to item # 6 of General Instructions and Section C of this Application.

Question 3

Did you become infected with gastroenteritis or a similar illness by exposure to a person who became ill as a result of consuming or using water delivered by the Walkerton P.U.C.?

Yes ☐ No ☐

Please identify the name and address of the person you were exposed to. _____

When were you exposed to this person? From: _____ To: _____

Was this person a resident or non-resident of Walkerton at the time of your exposure? _____

Please describe your relationship to this person _____

Please describe the nature of your exposure to this person. _____

Please identify the number of exposures you had with this person. _____

Please describe this person's illness _____

Please describe the nature of your illness. _____

Did you go to a doctor? ☐ Yes ☐ No Name of doctor _____ Number of visits _____

Identify the dates of visits _____

Did you go to a hospital? ☐ Yes ☐ No Name of hospital _____ Number of visits _____

Identify the dates of visits _____

Were you admitted? ☐ Yes ☐ No

Are you still under doctor's care? ☐ Yes ☐ No If yes doctor's name _____

If you answered yes to Question 3 please proceed to Section C.

Please include supporting medical documentation. Refer to item # 6 of the General Instructions and Section C of this Application.

Question 4

Have you suffered a loss of any kind relating or arising directly or indirectly from the contamination of water delivered by the Walkerton P.U.C. at any time between April 1, 2000 and December 5, 2000 ?

Yes ☐ No ☐

a) Is this a Business Loss? ☐ Yes ☐ No

b) Is this a Property Loss? ☐ Yes ☐ No

c) Is this another kind of loss? ☐ Yes ☐ No

If you answered yes to any of the above please describe the nature of the losses. _____

Question 5

If you answered **No** to questions 1, 2, 3 and 4 above, are you presenting a claim as a spouse, same sex partner, child, grandchild, parent, grandparent or sibling of someone who became ill or died as a result of contaminated water delivered by the Walkerton P.U.C. between the period April 1, 2000 and December 5, 2000?

Yes ☐ No ☐

If yes please identify the family member or members who became ill or died

Name	Address	Date of Birth	Relationship To You

Section C

With this Application I am enclosing the following supporting documentation.

For persons completing Section A Representative Identification only.

- | | |
|--|--|
| 1. Proof of Court Appointment as Litigation Administrator of an estate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Notarial Copy of Will or Codicil appointing an estate trustee. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Certificate of Appointment as estate trustee. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Court Appointment as Litigation Guardian of an incapable adult. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Court Appointment or Certificate of Guardian of Property of an incapable adult. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Continuing Power of Attorney appointing an Attorney for Property. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Copy of Birth Certificate for a minor. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Court Order or Separation Agreement relating to custody of a minor. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Court Appointment as Litigation Guardian of a minor. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Other | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For persons who answered yes to Section B, question 1 only.

- | | |
|--|--|
| 11. Copy of a Driver's License, Lease Agreement, Municipal Tax Statement, Walkerton P.U.C. Statement or other documentary evidence of residence in the former Town of Walkerton, between April 1, 2000 and December 5, 2000. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

For persons who answered yes to Section B question 2 or 3 only.

- | | |
|---|--|
| 12. Completed Health Practitioner's Information Form. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Completed Medical Consent Form(s). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Copy of medical records. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For persons who answered yes to Section B question 2 only.

- | | |
|---|--|
| 15. Documentary evidence of the applicant's presence in Walkerton during the period April 1, 2000 to June 27, 2000. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

Section D

This section is to be completed by an applicant or a person qualified to act on behalf of the applicant who is an estate, a minor or an incapable person. Please read the following declaration carefully prior to signing.

I consent to the release of all medical records obtained by Crawford Adjusters Canada Inc. and information concerning benefits paid to the applicant under the previous "Walkerton Compensation Plan".

I understand that I am entitled to be represented by a lawyer or to seek independent legal advice.

I understand that an independent evaluator will be reviewing the applicant's claim for compensation and may need to discuss the applicant's claim or to ask for additional information.

I solemnly declare the facts I have provided in this Application. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature _____ Date _____

Signature _____ Date _____

Walkerton Compensation Plan Class Action Settlement

Consent For Release of Medical Information

File# _____
For Office Use Only

To: _____
(doctor, hospital, or health care professional)

Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Fax _____

I HEREBY AUTHORIZE AND DIRECT you to furnish to Crawford Adjusters Canada Inc., all information regarding the physical condition and treatment of _____, including opinions, clinical notes and records, test results, x-rays reports and any and all documents for his or her illness related to the contamination of the water supplied by the Walkerton P.U.C. between April 1, 2000 and December 5, 2000. Your full co-operation with Crawford Adjusters Canada Inc. is respectfully requested.

I understand that:

- this information will be used only to assess the amount of compensation to which the Applicant is entitled under this Plan
- the information is confidential and, except as required by law, will be used and disclosed only for the purpose of administering this Plan

Signature _____

Relationship if signing for another person _____

Witness _____

Year _____ Month _____ Day _____

Return To:
Walkerton Compensation Plan
c/o Crawford Adjusters Canada
106 Colborne St. N.
Walkerton, Ontario
N0G 2V0.

Walkerton Compensation Plan

Health Practitioner's Information Form

Patient's Name _____ Patient's Date of Birth _____

File# _____
For Office Use Only

Patient's Address _____

Date Patient Visited _____ Date Patient Visited _____ Date Patient Visited _____

Date Patient Visited _____ Date Patient Visited _____ Date Patient Visited _____

Was the Patient ill because of the consumption or use of water delivered by the Walkerton P.U.C. between April 1, 2000 to December 5, 2000?

☐ Yes ☐ No

Date Symptoms First Appeared: _____

Describe Patient's Symptoms: _____

Diagnosis as a result of above: _____

Describe Treatment (if any): _____

Was the Patient ill because of exposure to someone who became ill due to the consumption or use of water delivered by the Walkerton P.U.C. between April 1, 2000 to December 5, 2000?

☐ Yes ☐ No

Date Symptoms First Appeared: _____

Describe Patient's Symptoms: _____

Diagnosis as a result of above: _____

Describe Treatment (if any): _____

Were any tests/investigations ordered? ☐ Yes ☐ No

If so please document:

Tests/Investigations	Dates	Where	Results

Have you recommended further tests/investigations? ☐ Yes ☐ No

If so where, when, by whom? _____

Prognosis for above diagnosis: _____

Have the patient's symptoms abated? ☐ Yes ☐ No Date symptoms abated. _____

Were any pre-existing conditions affected? ☐ Yes ☐ No

If yes, diagnosis: _____ Date diagnosed: _____

Brief Description: _____

Was the pre-existing condition(s) stable before April 1, 2000? ☐ Yes ☐ No

If not describe symptoms. _____

Is the pre-existing condition(s) now stable? ☐ Yes ☐ No

If not what affect has the illness had on the pre-existing condition? _____

Prognosis of affect of illness on pre-existing condition? _____

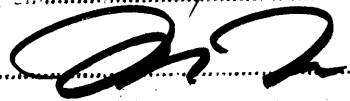
Doctor's Name: _____

Address: _____

Telephone number: _____ Fax number: _____

Signature: _____ Date: _____

Return To:
Walkerton Compensation Plan,
c/o Crawford Adjusters Canada,
106 Colborne St. N.,
P.O. Box 1587,
Walkerton, Ontario,
N0G 2V0.

THIS COURT "C"
attorney Kimberley Chalmers
appear before me, this 7th
day of January 2004


Walkerton Compensation Plan

Class Action Settlement Stage 2 Application

APP05-01 Class Action File #00-CV-192173CP₂ of 16 APP05-01

Walkerton Compensation Plan

Class Action Settlement Application - Stage 2

General Instructions

1. What is a "Stage 2" Application?

Your initial application was a Stage 1 Application. In that application you provided basic information that

allowed you to be categorized as a Class Member or Family Class Member.

Based on that Stage 1

Application you may also have received a minimum payment.

You are now being provided with a Stage 2 Application. This is a more detailed form that initiates a "full assessment" of your claim.

If you do not have a further claim beyond any payment received at Stage 1 you do not need to complete

the Stage 2 Application. You may wish to consider obtaining legal advice before making this decision.

2. When is the deadline for submitting my Stage 2 Application?

Each person making a claim for compensation must submit a Stage 1 Application before the deadline of

January 2, 2002.

There is no deadline for submitting a Stage 2 Application at this time. However, at some point in the

future, the Court will review whether the Walkerton Compensation Plan will be terminated because all

applications received have been dealt with.

3. Why is the Stage 2 Application so lengthy?

Many people have been affected by the water contamination and they have suffered a wide range of damages. The Stage 2 Application form has been designed to allow each individual or business to put forward all the details of the types of damages suffered so that the full value of the claim can be accurately assessed. Some sections may not apply to you. If a section does not apply to your specific situation you may not need to complete it. If you have questions about what sections you need to complete, you can contact the Walkerton Compensation Plan office for clarification.

4. Do I need to submit a Health Practitioner's Information Form and a Consent for Release of Medical Information?

It is understood that not everyone who was ill received medical attention. Those who did seek medical attention for physical illness, nervous shock, or mental distress should provide any supporting medical documentation in their possession. If you do not have your medical records you may: i) obtain them yourself; ii) sign the Consent for Release of Medical Information Form included in this package, or iii) have your treating physician complete the Health Practitioner's Information Form provided, and return the appropriate documentation with this application.

If you submitted this material as part of your Stage 1 Application you do not need to do so again unless your medical situation has changed since that time.

The cost of obtaining medical records and documentation is covered under the Walkerton Compensation Plan.

If you have any questions about whether or not you need to submit medical documentation as part of your Stage 2 Application, please contact the Walkerton Compensation Plan office.

5. What is meant by "full assessment" of a claim?

In doing a full assessment of your claim an evaluator will be assessing the damages sustained and determining a compensation amount for those damages. The assessment will include a review of the application and supporting documentation. It may also include a personal interview or request for additional information.

The types of damages that may be claimed are set out in the Walkerton Compensation Plan. If you do not have a copy, one can be obtained from the Walkerton Compensation Plan office. The Plan will not pay for items already reimbursed by another program or plan, or for things you were reimbursed or are entitled to have reimbursed by another source, such as an insurance company or your employer.

6. What happens after a claim has been fully assessed?

The evaluator will provide you with a written compensation offer setting out how the offer was calculated.

At your request, you may meet with the evaluator to discuss the offer and ask questions. Once you have considered the offer you will be asked to respond to the offer in writing.

7. What are my options?

You may accept the compensation offer, thereby triggering the payment of damages in that amount, or you may make a counter offer. If we cannot agree on an amount for damages you may request mediation.

8. How long do I have to respond to the compensation offer?

There is no deadline for your response. However, it is your response that triggers either payment or the next step in settling your claim.

9. Are there any special rules to know?

A qualified person must act on behalf of an applicant who is a minor, an incapable person, or an estate.

Details on who would qualify were included with the Stage 1 Application or can be obtained by calling the Walkerton Compensation Plan office. Court approval of the settlement amount will be required for many of these applicants and the monies may be required to be paid into Court. As an example, the settlement amount for a minor may be paid into Court until the minor reaches the age of 18.

10. What if I have both a personal claim as an individual and a claim for a business loss?

You may need to submit a separate Stage 1 and Stage 2 Application for the personal claim and for the business claim. If you are unsure about whether a separate application is required please contact the Walkerton Compensation Plan office.

11. What if I need legal advice?

Applicants may be represented by a lawyer in the claims process. Applicants who are not represented by a lawyer are encouraged to seek legal advice. You are free to use a lawyer of

your choice. The

Walkerton Compensation Plan will pay the reasonable legal fees and disbursements for an applicant's lawyer or for independent legal advice.

12. What if I need help?

If you have any general questions or require further assistance please call the Walkerton Compensation Plan office, at 519- 881-4343 or toll free at 1-866-876-3974. The office is located at 106 Colborne St N, PO Box 1587, Walkerton, Ontario, N0G 2V0.

13. Note to the Reader

This overview has been developed to assist in providing you with a general understanding of the

Walkerton Compensation Plan and the claims process. In the event the provisions of the Plan conflict

with this overview, the provisions of the Plan shall prevail. 4 of 16 APP05-01

Section A - Applicant Information

Walkerton Compensation Plan

Class Action Settlement Application - Stage 2

Lawyer Information, ONLY if different from Stage 1 Application.

Name of Law Firm _____

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____
Phone _____ - _____ Fax _____ - _____ email _____

Current Information if different from above:

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ - _____ Work Phone _____ - _____ email _____

Representative Information, ONLY if different from Stage 1 Application.

Last Name _____ First Name & Initial _____

Address _____

City _____ Province _____ Postal Code _____

Home Phone _____ - _____ Work Phone _____ - _____ email _____

Representative Information

Lawyer Information

File# _____

1. Was the place where you were ordinarily resident between April 1, 2000 and December 5, 2000 supplied with water by the Walkerton P.U.C.? * Yes * No

Please complete this section about the applicant if the applicant is presenting a claim for disruption of the water supply in the former Town of Walkerton between April 1, 2000 and December 5, 2000.

If not, provide the dates you were actually living at that residence during April 1, 2000 to December 5, 2000.

If not, did you cease to live at that residence because of this contaminated water occurrence? *

If no, do you intend to return to your former residence? * Yes * No

3. Please identify members of your household between April 1, 2000 and December 5, 2000:

December 5, 2000 affected your day to day activities. Please provide, if applicable, details concerning any specific

and home repairs and maintenance. (Details on illness, income loss, expenses, business loss and damage to your

[illegible]

1. Were you physically ill as a result of your own use or consumption of water delivered by the Walkerton P.U.C.? * Yes * No

Were you physically ill as a result of your exposure to a person who was ill or died as a result of

the use or

consumption of water delivered by the Walkerton P.U.C.? * Yes * No

2. Were you diagnosed with H.U.S.? * Yes * No Date of diagnosis: _____

3. Please describe any symptoms of illness you suffered not listed above.

4. Have the symptoms of your illness resolved? * Yes * No If yes, when did they first resolve?
Date: _____

5. Did you experience any recurrence of the symptoms of your illness? * Yes * No

If yes, on how many occasions? _____

6. Please include details of dates and length of recurrences.

Section C - Illness Details

Please complete this section about the applicant if the applicant is presenting a claim because

he or she was ill or died as a result of use or consumption of water delivered by the Walkerton

P.U.C. or exposure to a person who was ill or died as a result of use or consumption of water

delivered by the Walkerton P.U.C. between April 1, 2000 to December 5, 2000.

Did you experience any of the following? Diarrhea

Bloody Diarrhea

Cramps

Fever

Vomiting

Nervous Shock

Mental Distress

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

* Yes * No From: _____ To: _____

Symptom Duration 7 of 16 APP05-01

7. Please describe how your illness affected your normal daily activities.

8. Please provide a brief description of nursing or home care you may have received or are currently receiving related to this illness.

9. Please identify persons who provided home care for you:

10. Did you pay this person? * Yes * No If yes, please provide details of payment:

Answer the following question unless you provided the details of your medical care on the Stage 1 Application and you have no additional or different information.

Did you go to a doctor? * Yes * No Name of doctor _____

Number of visits _____

Identify the dates of visits _____

Did you go to a hospital? * Yes * No Name of hospital _____

Number of visits _____

Identify the dates of visits _____

Were you admitted? * Yes * No

Did you receive psychological or psychiatric treatment related to this contaminated water occurrence? * Yes * No

Name of doctor _____ Number of visits _____

Identify the dates of visits _____

Please include supporting medical documentation. Please refer to item #4 of the General

Instructions and Section L of this Application.

Name Relationship to You Address Phone #8 of 16 APP05-01

Section D - Employment Details

Please complete this section about the applicant if the applicant is presenting a claim for lost income relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C. in the period April 1, 2000 to December 5, 2000 not paid or payable by any other source. Additional sheets are available if required. If you are self-employed or suffered a business loss complete Section E or F instead of this section.

1. Please provide the following information concerning your employment before this incident.

Name of employer _____ Address _____

Occupation _____ Status * Full Time * Part Time * Casual *
Seasonal _____

Rate of Pay _____ Regular Number Of Hours Worked Per Week _____

2. Were you unable to work as a result of being ill due to the contamination of the water delivered by the Walkerton P.U.C.? * Yes * No

3. Were you unable to work for another reason relating to the contamination of the water delivered by the Walkerton P.U.C.? * Yes * No

If yes, please describe why you were unable to work. _____

4. What was the first date you were unable to work? _____

5. How many working days were you off because of this incident until you returned to work full time or part time or until

now if you have not yet returned to work? _____

6. If you have not yet returned to work please describe why you are unable to do so at this time. _____

7. Have you returned to your original employment? * Yes * No If yes, on what date _____

Did you return to your original employment activities at your original employment status? * Yes * No

If no, please explain _____

8. Have you returned to work with a different employer? * Yes * No

If yes,

Please explain the reason for your change in employment. _____

9. What was your income loss for the period you were off work (do not subtract any amount you may have been reimbursed) ? \$ _____

10. What was your additional income loss from the time you returned to work to present because of the change in

employment activities, status or employer? \$ _____

11. Is your loss of income claim ongoing? * Yes * No

If so, please explain. _____

Name of Employer _____ Address _____

Supervisor's Name _____ Phone _____

Start Date _____ Occupation _____

Status * Full time * Part time * Casual * Seasonal

Current rate of pay \$ _____ Regular Number Of Hours Worked Per

Week _____ 9 of 16 APP05-01

Section E - Self Employment Details

Please complete this section about the applicant if the applicant is presenting a claim for lost income from self employment relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C. in the period from April 1, 2000 to December 5, 2000

not paid or payable by any other source.

12. Have you been wholly or partially reimbursed for your income loss? * Yes * No

If so, what was the amount you were reimbursed? \$ _____

What was the source of this reimbursement?

13. Do you have recourse to any other source of reimbursement (for example, disability benefits, workers compensation or

insurance) for these losses? * Yes * No

If so, what other sources of reimbursement do you have?

Have you applied for reimbursement from these sources? * Yes * No

If yes, what is the status of your application?

If not, please explain.

Please have the enclosed Employer Confirmation of Income Form completed and return with your Application.

Indicate your type of business organization * Sole Proprietorship * Partnership * Limited Liability Company

* Other _____

Name of Business _____

Is the business registered for the Goods and Services Tax ? * Yes * No If yes, provide GST # _____

Name of Accountant or Bookkeeper _____

If self-employed in a partnership or limited liability company indicate the percentage of the business you own. _____ %

1. Please describe the nature of your business _____

2. Please indicate your position/office in the business. _____

3. Were you unable to work due to contamination of the water delivered by the Walkerton P.U.C. ? * Yes * No

If yes, please describe the reason for your inability to work. _____

4. Briefly explain the duties of your position/office. _____

5. What was the first date you were unable to work because of this incident? _____

6. How many working days were you off because of this incident until you returned to work full or part time or until now if you have not yet returned? _____

7. Have you returned to work? * Yes * No If yes, what date did you return? _____

If no, please describe why you are unable to work at this time.

_____ Phone# _____ Fax # _____

Address _____

_____ Phone# _____ Address10 of 16

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8. Did you suffer a loss of income for any other reason (other than your own illness or your being unable to work) relating to

the contamination of the water delivered by the Walkerton P.U.C.? * Yes * No

If yes, please describe the reason for this loss

12. Is your loss of income claim ongoing? * Yes * No

If so, please explain.

Did the business continue to operate during your illness? * Yes * No

Did the business sustain a loss in addition to the loss of self-employment income you are claiming? * Yes * No

If so, has the business applied under this Plan? * Yes * No

Please attach copies your business statements including your tax returns, GST & PST statements for the last 3 years.

9. What was the amount of your income loss for the period that you lost income (do not subtract any amount you may have been reimbursed from any other source)? _____

10. Have you been wholly or partially reimbursed for your loss of income by any other source? * Yes * No

If so, what was the amount you were reimbursed? \$ _____

What was the source of this reimbursement?

11. Do you have recourse to any other source of reimbursement (for example, disability benefits or insurance) for these losses? * Yes * No

If so, what other sources of reimbursement do you have?

Have you applied for reimbursement from these sources? * Yes * No

If yes, what is the status of your application?

If not, please explain.

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Name of Business _____ Business

Phone# _____

Address of Business _____ Business Fax# _____

Business email address _____

Business Registration Number _____ PST# _____ GST# _____

Is this a * Corporation * Partnership * Sole Proprietorship

Owner's Name _____

Owner's Address _____

Phone# _____

Name of accountant or bookkeeper _____

Address _____

Phone# _____

Name of Business Financial Institution _____

Address _____

Phone# _____

Section F - Business Details

Please complete this section about the applicant if the applicant is a business presenting a claim for a business loss relating to or arising directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C. in the period from April 1, 2000 to December 5, 2000 not paid or payable by any other source.

1. Please describe the nature of the business.

2. Briefly describe the nature of the business losses being claimed and the time period for which the claim is being made.

3. What is the total amount of the business loss caused by this incident (do not subtract any amounts the business may have been reimbursed)?

4. Is the business loss claim ongoing? * Yes * No

If so, please explain.

5. Has the business been wholly or partially reimbursed for these losses? * Yes * No

If so, which losses have been reimbursed and in what amounts?

What was the source of this reimbursement?

6. Does the business have recourse to any other source of reimbursement (like insurance) for these losses? * Yes * No

If so, what other sources of reimbursement are available?

Has the business applied for reimbursement from these sources? * Yes * No

If so, what is the status of the application?

If not, please explain.

Please attach copies of the business statements including tax returns, GST & PST statements for the last 3 years and proof of qualification to act on behalf of business applicant.

Section G - Family Member Details

Complete this section about the applicant if the applicant is presenting a claim because one or more of his or her relatives, as set out in Question 1 below, became ill or died as a result of the contaminated water delivered by the Walkerton P.U.C. between April 1, 2000 and December 5, 2000. Additional sheets are available if required.

1. Did your spouse, same-sex partner, child, grandchild, parent, grandparent or sibling become ill or die as a result of the use of or consumption of the water delivered by the Walkerton P.U.C. or exposure to a person who became ill or died as a result of the use or consumption of the water delivered by the Walkerton P.U.C. during the period between

April 1, 2000 and December 5, 2000? Yes * No *

If yes, please complete the following.

Name of Family Member _____ Address _____

Date of Birth _____ Relationship to you _____ Date of Illness _____ Date of Death _____

2. Did you incur expenses for the benefit of this family member during his or her illness which have not been reimbursed? Yes * No *

If yes, please provide details and attach supporting documentation.

3. Did you incur travel expenses in visiting this family member during his or her treatment or recovery which have not been reimbursed? Yes * No *

If yes, please complete the following (attach additional sheets if necessary):

4. Did you provide nursing, housekeeping, or other services for this family member as a result of his or her illness for which

you have not been reimbursed? Yes * No *

Did you suffer a loss of income while you provided these services for which you have not been reimbursed? Yes * No *

If so, please also complete either Section D or E of this Application if you have not already done so.

Please describe your claim for nursing, housekeeping or other services you provided to an ill family member including

dates, type of service provided, and time spent (attach additional sheets if necessary).

5. Did you incur funeral expenses for this family member which have not been reimbursed? * Yes * No

If yes, please identify and provide supporting documentation.

6. Did you experience a loss of guidance, care and companionship you would have expected to receive from this family

member had his or her illness or death not occurred? Yes * No *

If yes, please describe the loss of guidance, care and companionship you would have expected to receive from this

family member but for his or her illness or death (attach additional sheets if necessary). _____

Date of Visit Parking Expenses KM's Travelled Per Visit Meal Expenses Accommodation Expenses13 of 16 APP05-01

1. Were you the registered owner of any real property you claim was affected by the contamination of water delivered by

the Walkerton P.U.C. during the period April 1, 2000 to December 5, 2000? * Yes * No

If yes, please provide the following information.

Complete legal address.

2. Please indicate if this is a residential or commercial property.

3. Please provide a brief description of the property.

4. When did you first purchase the property?

5. Does anyone else share an ownership interest in the property? * Yes * No

If yes, please identify. Name: _____

Address: _____

Has this person also applied to this Plan? * Yes * No

What is the percentage of your ownership in the property?

%

6. Have you sold your interest in the property? * Yes * No If yes, date sold

7. Please provide details describing your claim for the property identified above.

Copies of documentation proving your ownership in the property and if applicable any sale of the property must be attached with this Application.

Section H - Property Details

Complete this section if the applicant is claiming for diminution in the value of real property

relating to or arising directly or indirectly from the contamination of the water delivered by the

Walkerton P.U.C. in the period from April 1, 2000 to December 5, 2000.

Additional sheets are

available if required. 14 of 16 APP05-01

1. Please list all other expenses or damages not paid or payable by any other source being claimed by the applicant.

Identify all partial reimbursement payments received from the Brockton Response Centre, Brockton Emergency

Personal Claims Assistance, Brockton Emergency Assistance for Business, Walkerton Compensation Plan (except for

the \$2,000 Stage 1 payment if received) or any other benefit program, policy or person.

2. Have you suffered any other loss of any nature or kind relating to or arising directly or indirectly from the contamination

of the water delivered by the Walkerton P.U.C. during the period April 1, 2000 and December 5, 2000, not covered in this

Application which was not paid by any other program or plan or recoverable from some other source? * Yes * No

If so, please explain the nature of your other losses

Section I - Expense Summary For All Other Expenses Or Damages Being Claimed.

Please attach receipts

Section J - Future Claims

Please complete this section if you anticipate incurring a future loss relating to or arising directly

or indirectly from the contamination of the water delivered by the

Walkerton P.U.C. during the

period April 1, 2000 and December 5, 2000.

Description Payments Received

To Date

Total Amount Before

Any Reimbursement

Received

From

1. Do you anticipate incurring future lost income because of this incident? * Yes * No

If yes, please explain.

2. Do you anticipate incurring future health expenses because of this incident which would not be covered by a government health care plan? * Yes * No
If yes, please explain.

3. Do you anticipate incurring any other future losses or expenses because of this incident? * Yes * No
If yes, please explain.

15 of 16 APP05-01

With this Application I am enclosing the following supporting documentation.

1. Completed Health Practitioner's Form. * Yes * No
2. Completed Medical Consent Form(s). * Yes * No
3. Copy of medical records or reports. * Yes * No
4. Completed Employer's Confirmation of Income Form(s). * Yes * No
5. For Self-employed or business applicants - copies of:
 - business statements for the last three years. * Yes * No
 - tax returns for the last three years. * Yes * No
 - GST statements for the last three years. * Yes * No
 - PST statements for the last three years. * Yes * No
 - Proof of qualification to act on behalf of a business applicant. * Yes * No
6. Documentation supporting property ownership and or sale. * Yes * No
7. Supporting receipts and documentation for expenses or damages being claimed. * Yes * No

Section L - Supporting Documentation

Section K

Have you received payment for any losses caused by the contamination of the water delivered by the Walkerton P.U.C.

from any of the following:

- * Brockton Response Centre
- * Brockton Emergency Personal Claims Assistance
- * Brockton Emergency Assistance for Business
- * Walkerton Compensation Plan prior to March 19, 2001.
- * Other benefit programs or policies (private or public)

Please identify: Name _____ Type _____ Policy# _____ Amount \$ _____

Name _____	Type _____	Policy# _____	Amount \$ _____
Name _____	Type _____	Policy# _____	Amount \$ _____
Name _____	Type _____	Policy# _____	Amount \$ _____

Total Amount \$ _____

Total Amount \$ _____

Total Amount \$ _____

Total Amount \$ _____ 16 of 16 APP05-01

Section M - Declaration

This section is to be completed by the applicant or the person qualified to act on behalf of the applicant who is an estate, a minor or an incapable person. Please read the following declaration

carefully prior to signing.

I consent to the use by Crawford Adjusters Canada Incorporated, of all records pertaining to the applicant from the

Brockton Response Centre, Brockton Emergency Personal Claims Assistance and Brockton Emergency Assistance For

Business, and any other earlier records from the Walkerton Compensation Plan.

I consent to Crawford Adjusters Canada Incorporated reviewing the applicant's file in relation to any claims made by the applicant's family members.

I understand that the applicant is entitled to be represented by a lawyer or to seek independent legal advice.

I understand that an independent evaluator will be reviewing the applicant's claim for compensation and may need to

discuss the applicant's claim or ask for additional information.

I declare that the applicant will not hold any money which may be paid by the Walkerton Compensation Plan in trust for any

other party exercising a right of subrogation (such as an insurance company or employer) and also that making a claim

under this Plan will not result in a reduction in payments from an insurer or any other source for which the applicant would

otherwise qualify.

I solemnly declare the facts I have provided in this Application. I make this solemn declaration conscientiously believing it to

be true and knowing that it is of the same force and effect as if made under oath.

Signature _____ Date _____

Signature _____ Date _____

APP05-01 1 of 2

Last Name _____ First Name _____

Initial _____

Address _____ City _____ Province _____

Postal Code _____

Birth Date: Year _____ Month _____ Day _____

Home Telephone _____ - _____ Work Telephone _____ - _____

Part 1 - Applicant Information (Completed by the applicant)

Walkerton Compensation Plan

c/o Crawford Adjusters Canada

106 Colborne St. N.

Walkerton, Ontario

N0G 2V0. (519) 881-4343

Walkerton Compensation Plan

Employer's Confirmation of Income Form

Please have this form completed by applicant's employer if the applicant is presenting a claim for lost income resulting

directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C. in the period April 1, 2000 to

December 5, 2000 and only if the applicant has not been fully reimbursed through any other source.

Part 1 & Part 2 are to be completed by the applicant.

This form should be returned with the completed Stage 2 Application form to:

Part 2 - Authorization

I authorize the applicant's employer to provide Crawford Adjusters Canada with the requested information relating to the

applicant's application for loss of income under the Walkerton Compensation Plan.
Signature of Applicant or Authorized Representative

The rest of this form must be completed by the applicant's employer or former employer.

Was the applicant employed by you on April 1, 2000? * Yes * No

Was the applicant off work as a result of the contamination of the water delivered by the Walkerton P.U.C. to your knowledge? * Yes * No

Job Title _____ Brief Job Description _____

Type of Employment Full-Time * Part-Time * Casual * Seasonal *

Please detail the dates of absence from work due to illness of the applicant or the illness of a family member of the applicant as a result of the contamination of the water delivered by the Walkerton P.U.C.

Please detail the dates of any other absence from work caused directly or indirectly from the contamination of the water delivered by the Walkerton P.U.C.

Part 3 - Employment Details APP05-01 2 of 2

Company Name _____ Contact Person _____

Address _____

City _____ Province _____ Postal _____

Telephone Number _____ Fax Number _____

Part 6 - Employer Information

I certify that the information provided is true and correct. Year _____ Month _____ Day _____

Signature _____ Title _____

Name _____ (Please Print)

Part 7 - Employer's Signature

To assist you in describing this applicant's loss of income please complete the following:

Does the applicant receive any of the following types of income?

Employer: Please provide a summary calculation of the applicant's income loss for each of the categories you have identified above.

ie. Hourly Wage = number of hours X number of dollars per hour

ie. Yearly Salary = yearly salary divided by pay periods X time lost

ie. Commission Income = sales lost X commission percentage

ie. Production Bonus = production loss X piece work rate

ie. Tips = approximation of tips lost based on historical experience

Gross Income Loss from all sources \$ _____

Please attach additional information and sheets if required.

Is the applicant experiencing any ongoing loss of income due to the contamination of the water delivered by the Walkerton

P.U.C. in the period April 1, 2000 to December 5, 2000? * Yes * No

If so, please explain the ongoing loss:

Part 4 - Applicant's Loss of Income

* Hourly Wage

* Production Bonus

* Salary

* Tips

* Commission Income

* Other Monetary Compensation _____

To your knowledge, is the applicant eligible to receive the following benefits?

Part 5 - Other Benefits

Income Contribution Benefit

(short-term or long term disability plan)

Supplementary Medical,

Rehabilitation or

Attendant Care Benefits

Sick Leave

*Yes *No

*Yes *No

*Yes *No

Insurance Company

Did the applicant use sick credits? *Yes *No

Policy No.

Insurance Company Policy No.

Was a claim filed with the Workplace Safety and Insurance Board (W.S.I.B.)? *Yes *No 1 of 3

APP05-01

Walkerton Compensation Plan

Health Practitioner's Information Form

Patient's Name _____ Patient's Date of Birth _____

Patient's Address _____

Date Patient Visited _____ Date Patient Visited _____ Date Patient Visited _____

Date Patient Visited _____ Date Patient Visited _____ Date Patient Visited _____

File# _____

For Office Use Only

Was the Patient ill because of the consumption or use of water delivered by the Walkerton P.U.C. between April 1, 2000 to December 5, 2000?

* Yes * No

Date Symptoms First Appeared: _____

Describe Patient's Symptoms: _____

Diagnosis as a result of above:

Describe Treatment (if any):

2 of 3 APP05-01

Were any tests/investigations ordered related to this illness? * Yes * No

If so please document:

Have you recommended further tests/investigations related to this illness? * Yes * No

If so where, when, by whom?

Tests/Investigations Results Dates Where

Was the Patient ill because of exposure to someone who became ill due to the consumption or use of water delivered by _____ the Walkerton P.U.C. between April 1, 2000 to December 5, 2000?

* Yes * No

Date Symptoms First Appeared: _____

Describe Patient's Symptoms:

Diagnosis as a result of above:

Describe Treatment (if any):

3 of 3 APP05-01

Please describe any recurrences including date and symptom duration.

Prognosis for above diagnosis:

Have the patient's symptoms abated? * Yes * No Date symptoms abated.

Doctor's Name:

Address:

Telephone number: Fax number:

Signature:

Date:

Return To:

Walkerton Compensation Plan,
c/o Crawford Adjusters Canada,
106 Colborne St. N.,
P.O. Box 1587,
Walkerton, Ontario,
N0G 2V0.

Were any pre-existing conditions affected by this illness? * Yes * No

If yes, diagnosis: Date diagnosed:

Brief Description:

Was the pre-existing condition(s) stable before April 1, 2000? * Yes * No

If not describe symptoms.

Is the pre-existing condition(s) now stable? * Yes * No

If not what effect has the illness had on the pre-existing condition?

Prognosis of effect of illness on pre-existing condition?

Walkerton Compensation Plan Class Action Settlement

Consent For Release of Medical Information

Address _____

City _____

Province _____

Postal Code _____

Telephone _____

Fax _____

I HEREBY AUTHORIZE AND DIRECT you to furnish to Crawford Adjusters Canada Inc., all information regarding the physical condition and treatment of _____, including opinions, clinical notes and records, test results, x-rays reports and any and all documents for his or her illness related to the contamination of the water supplied by the Walkerton P.U.C. between April 1, 2000 and December 5, 2000. Your full co-operation with Crawford Adjusters Canada Inc. is respectfully requested.

I understand that:

* this information will be used only to assess the amount of compensation to which the Applicant is entitled under this Plan

* the information is confidential and, except as required by law, will be used and disclosed only for the purpose of administering this Plan

Return To:

**Walkerton Compensation Plan
c/o Crawford Adjusters Canada
106 Colborne St. N.
Walkerton, Ontario
N0G 2V0.**

Signature _____

Witness _____

Year _____ Month _____ Day _____

(doctor, hospital, or health care professional)

To: _____

APP05-01

Relationship if signing for another person

File# _____

For Office Use Only

EXHIBIT “D”

Three Volumes of Documents relevant to Application for Directions:

Volume 1:

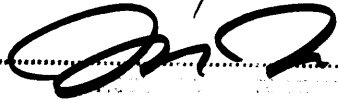
Appendix “A” - Information circulars published by the Administrator re: Stage 1 process	Tabs A - C
- Information bulletins and circulars published prior to FIRST CLAIM DEADLINE	Tabs D - H
Appendix “B” - Materials regarding all applicants who filed late applications	Tabs 1 - 21

Volume 2:

Appendix “B” - Materials regarding all applicants who filed late applications	Tabs 22-35
--	------------

Volume 3:

Appendix “B” - Materials regarding all applicants who filed late applications	Tabs 36-51
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This is Exhibit "E" referred to in the
affidavit of Kimberley Chalmers
sworn before me, this 7th
day of January 2004


December 12, 2002

**NOTICE re: Late application for compensation under
The Walkerton Compensation Plan (the "Plan")**

We understand you have submitted an application for compensation after the First Claim Deadline date of January 2, 2002. Other late applications have been received. Some applicants have questioned the rejection of their late applications.

We are reviewing the circumstances of late applications, and plan to bring a motion to the Court for directions on this issue. If you have any further information you believe should be considered regarding your late application, please submit it to Crawford Adjusters Canada, 106 Colborne Street North, Walkerton, ON N0G 2V0 on or before February 14, 2003, and it shall be included with the material to be filed with the Court.

If you are not represented by a lawyer, you may wish to consult (free of charge) with Mr. William Dermody, appointed under the Plan as Applicants' Independent Advice Counsel. Mr. Dermody may be reached at 905-383-3331.

GIFFEN LEE LLP

Per:

Bruce L. Lee,
Plan Counsel

Court File No. 00-CV-192173CP

SMITH ET AL

v.

CORPORATION OF THE MUNICIPALITY OF BROCKTON ET AL

**ONTARIO
SUPERIOR COURT OF JUSTICE**

**PROCEEDING COMMENCED AT
TORONTO**

MOVING PARTY'S MOTION RECORD

GIFFEN LEE LLP
Lawyers
500-50 Queen Street North
Kitchener, ON N2H 6P4

Bruce L. Lee
LSUC 14856J
Phone: (519) 578-4150
Fax: (519) 578-8740

Plan Counsel

FIRST CLAIM DEADLINE DATE

APPENDIX A

Late Application Motion Material

Tab

	<u>Document</u>	<u>Date</u>
A.	The Communicator....	June 2001
B.	Information Circular . (Fourth in a Series)	July.5 2001
C.	Information Circular.. (Sixth in a Series)	Oct.9 2001
D.	Fax from Kim Chalmers to Hanover Post.....	Oct.17 2001
	Fax from Hanover Post to Kim Chalmers.....	Oct.18 2001
		Oct.19 2001
		Oct.22 2001
	Hanover Post and Grey Bruce This Week Newspapers	
	Notice Important Claims Deadline Information	
	Newspaper clipping photocopied	
	Posted in The Hanover Post	Oct.23 2001
		Oct.30 2001
	Posted in Grey Bruce This Week	Oct.23 2001
		Oct.30 2001
	Posted in Grey Bruce This Week North.....	Nov.3 2001
		Nov.9 2001
	Advertising invoices/statements	
E.	Fax from Kim Chalmers to Walkerton Herald Times...	Oct.22 2001
	Fax from Walkerton Herald Times to Kim Chalmers...	Oct.24 2001
	Newspaper clipping photocopied	
	The Walkerton Harold Times Newspaper	
	Notice Important Claims Deadline Information	
	Posted	Oct.31 2001
		Nov.7 2001
	Advertising invoices/statements	
F.	Information Circular..	Dec. 9 2001
	(Seventh in a Series)	

- G. Fax from Kim Chalmers to Hanover Post.....Dec.19 2001
Fax from Hanover Post to Kim Chalmers.....Dec.19 2001
Newspaper clipping photocopied
Posted in Hanover PostDec.25 2001
Posted in Grey Bruce This WeekDec.22 2001
Dec.29 2001
Posted in Grey Bruce This Week North.....Dec.1 2001
Dec.29 2001
Advertising invoices/statements
- H. Fax from Walkerton Herald Times to Kim Chalmers...Dec.20 2001
Posted in Walkerton Harold TimesDec.27 2001



The Walkerton & District Chamber of Commerce
& Visitor Information Centre
120 Kincardine Highway, PO Box 1344, Walkerton, ON N0G 2V0
Phone: (519) 881-3413 Fax: (519) 881-4009
Email: chamber@bmmts.com Website: town.walkerton.on.ca



Presents

THE COMMUNICATOR

Volume 7, Issue Three

June 2001

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Barry Dohms

Fran Hill



Walkerton Compensation Plan Update

This is an update on the ongoing administration of the Walkerton Compensation Plan.

Processing of the Stage 1 application forms has been ongoing since late April. The last date to apply for Phase 1 is January 2, 2002. The Compensation Office is continuing to process applications. They have made over 2300 Stage 1 payments since May 16.

NOTE: If you have a business claim as well as a personal claim, you should file a separate application for each claim, one in the name of your business and one in your own name. If you have already submitted a form for yourself and have indicated business information on it, you will be notified by the Compensation Office to fill in an additional form for your business.

If you are in this situation and require an additional Stage 1 application form, please call or drop into the Walkerton Compensation Plan office at 881-4343, 106 Colborne Street North, Walkerton or you can pick up an extra copy at the Walkerton Chamber of Commerce office.

The Walkerton Compensation Plan Office Hours are Monday to Thursday 8:00 a.m. to 8:00 p.m., Friday from 8:00 a.m. to 5:00 p.m. and Saturday from 9:00 a.m. to 1:00 p.m.

WELCOME BACK!

Wright's FoodMarket will be officially reopening their doors on Friday, July 6, 2001. We're glad to have you guys back! Best of Luck Raymond & Susan... Watch for their grand opening...

RECEIVED
JUL 09 2001

THE COMMUNICATOR

June 2001

BBQ Lunch Anyone?

Wide World Travel will be having a BBQ lunch on July 6th, 20th, August 3rd, 17th and 31st, 11 a.m. – 2 p.m. Proceeds to NEW CAT SCAN for the South Bruce Grey Health Centre CTC Scanner. The BBQ will be held in front of World Wide Travel. Jumbo Dog meal is \$3.50 and the hotdog meal is \$2.50. Meals include Hotdog/Jumbo Dog, Drink and Dessert. If you would like a Take-out order please call 881-3120 or Fax 881-3808.

Youth Initiative Loan Fund

Start Your Own Business with Help from the Saugeen Business Development Centre. Youth Initiative Loan Fund is targeting young entrepreneurs; we offer loans up to \$3,000 to students to start their own summer business. This is the first year we are offering the program; we see it as a natural progression from the courses the students have obtained, such as entrepreneurial, business and accounting. In addition, it gives the students extremely valuable experience, through business planning, financing, operating, as well as dealing with customers. Call Rose at the Saugeen Business Development Centre, 554 7th Ave., Hanover, ON Tel: 364-3694

Website: www.sbdc.ca

E-mail: youthloan@sbdc.ca



Chamber Promotions Committee

The June Promotion ~ *"We Salute Great Savings In Walkerton"* was the third Promotion of 2001. The promotion took place during the week of June 12-16 to coincide with the R.C.M.P. Ride on June 17th. If by chance, we have missed you or you are interested in receiving the promotion information, please call Pat or Karen at 881-3413 and we will gladly send it to you.

Seminar Testimony

I would like to thank Pat and Karen at the Chamber office for organizing the business profitability workshop on June 14th.

The workshop featured Mitch Lenko, Director of the Centre of Entrepreneurship and Corporate Development at Centennial College in Toronto.

My time spent at this workshop was worthwhile. His presentation dealt with hands on ideas that could be used in every business to improve sales, profitability and overall customer service.

As much as I was impressed with the workshop I was disappointed with the small turn out of local business people after all the work Pat and Karen has put into it. My schedule is very busy like many other business owners. In today's competitive business environment you must make time to update your knowledge and get new ideas to keep your business growing and profitable.

I encourage all local business people to take advantage of these high calibre speakers and workshops that the Chamber works so hard on providing. If we don't get better turnouts in the future to these workshops I am sure they will not be offered.

Paul Oehm

Paul Oehm,
Saugeen Filter Supply
Superior Road Products

Weight
Room
Downstairs

SHEILA SMITH

Come up &
try our "NEW"
Body Guard
Treadmill and
Body Cycle for
Cardio

4 McGivern St. W., Walkerton (formerly Jay Sports)
881-1256

THE COMMUNICATOR

June 2001

Saugeen Career Centre


www.saugeencc.com



200 McNab Street
Suite 202
Walkerton, ON
N0G 2V0

Tel: (519) 881-4606
Fax: (519) 881-1283

Email: career@primeline.net
Hours: Monday to Friday 8:30 am - 4:30 pm

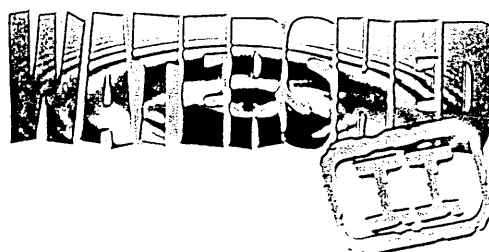


Gaviller & Company LLP
CHARTERED ACCOUNTANTS

BOB CADD, CA
JOE HEISZ, B.A., CA
BRIAN O'HAGAN, B.A., CA

TEL: 519-881-2100
800-263-4088
FAX: 519-881-2602
Email: walkerton@gaviller.on.ca

7 Victoria St. S.
Walkerton, Ontario
N0G 2V0



Artists confirmed for Watershed II include The Guess Who, Joe Cocker, Terri Clarke, Marshall Dyllan, Brad Paisley, Jamie Warren, Staggered Crossing and 54-40. The concert will take place on Sunday, September 2, 2001. Gates open at noon and the concert starts at 2:00 p.m. THERE IS RE-ENTRY ALLOWED TO THIS EVENT (this rule changed June 25th) SO PEOPLE CAN COME AND GO THROUGHOUT THE DAY. So...for all you interested businesses, you may want to think about your hours for the day and capitalize on this great opportunity of having 20,000 people right here in Walkerton... Last year, the restaurants and some businesses that were open were very, very busy... Need more info? Call Pat, Karen or Amy 881-3413 or www.watershedfestival.com

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Ombudsman Ontario helps people resolve problems by investigating complaints they have with provincial government ministries, agencies, boards, commissions and tribunals. The office cannot deal with matters regarding federal or municipal government, the courts, school boards, and the private sector. Ombudsman Ontario is independent of the government and is a place of last resort when other approaches to resolve complaints have been tried. Services provided are confidential. For more information please contact 1-800-263-1830 or online at www.ombudsman.on.ca.



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Fax: 519-881-0336

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Account Manager

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Walkerton, ON N0G 2V0

293 10th Street
Hanover, ON N4N 1P1

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Fax: (519) 881-0371
Cell: (519) 889-0041
michelle.wilhelm@bmo.com



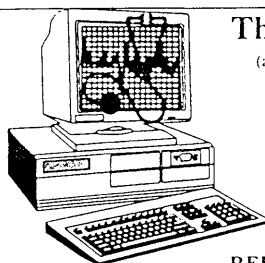
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THE COMMUNICATOR

June 2001

5

Attention! Walkerton & District Business Owners!

Are you having difficulty recruiting quality personnel? The Saugeen Resource Centre has a solution for you. The Walkerton Area Employment Opportunities Board! Tell them your staffing needs by providing them with a written ad and they will post it for you. In addition they will assist you by accepting applicant resumes for your staffing needs and notifying you when they have a significant number of quality applicants to pass along.

Saugeen Resource Centre Your Full Service Employment Resource

200 McNab St. Suite 200 & 202

Walkerton, ON N0G 2V0

Tel: 881-4983

Fax: 881-3894

<http://www.saugeeccc.com>



Walking Walkerton

As Walkerton prepares for it's future, visitors are invited to explore sites and settings of the past. On September 8th, the Architectural Conservancy of Ontario (South Bruce-Grey Branch) is hosting **Walking Walkerton**, a scenic and informative guided tour that will highlight some of the town's most beautiful walking areas and interesting historical buildings. The walk begins at the landmark Victoria Jubilee Hall, and is the perfect way to spend 2 or 3 hours on a late summer's day.

Architecture is often the most visible sing of the unique character of a town, - and Walkerton is no exception. See the Joseph Walker home, built by the town's founder around 1860. Be invited into the Dickison/Hall house, constructed around 1895. Can you see where the brass plaque was mounted just outside the door to Dr. Hall's

medical office? Come into the parlour of the Bobier House (c. 1880), and find out what the beautiful walnut floors have to do with World War I gun butts.

Included on the tour is another town landmark, St. Thomas Anglican Church, constructed in 1910 with financial help from London, England. The English design, stained-glass windows, and bronze bell from 1890 are just part of the story.

The walk will pass another building which is important in the lived of Walkerton residents. Although its occupants have changed somewhat, the Armory was originally home to the 32nd and 160th Battalions and the 97th Battery. The solid, redbrick structure still catches the eye.

Natural walking areas abound in this rural town, and deserve to be appreciated. Come and explore beside the cool waters of the Saugeen. Enjoy birds, butterflies, swaying water grasses, leafy trees and vibrant wildflowers as you discover river dikes and sand hills, a foundry from 1873, two wonderful park areas and the river trail.

Walking Walkerton takes approximately 2 ½ hours to complete. Small groups will leave at scheduled times throughout the day, beginning and ending at Victoria Jubilee Hall, where there will be a photographic display and refreshments. By pre-booking, you may have lunch in either a former staging post or the hotel, which hosted Prime Ministers Diefenbaker, Pearson and Trudeau. Bring your hat, sunscreen and a water bottle, and treat yourself and your family to a day in small town Ontario.

Date September 8, 2001, rain date: September 22, 2001, Tickets \$15.00 each. Lunch optional, but must be pre-booked: \$10.00 881-0690



Patricia MacInnis
Manager

302 Durham Street East
P.O. Box 1450
Walkerton, ON N0G 2V0

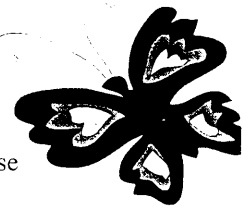
Tel: (519) 881-3380 ext. 24
Fax: (519) 881-2491



THE COMMUNICATOR

June 2001

6



EVENTS July to August

July 4
Dining Club, Maple Court Villa,
Noon
Call 881-4800 (HCSS) to make
reservations

July 6
Walkerton Singles Dance
Walkerton K. of C. Hall
Call 881-3711

July 6,7,8
Ontario Family Fishing Week
2001

July 13
Walkerton Singles Dance
Hanover K. of C. Hall
Theme: Beach Party
Call 881-3711

July 18
Dining Club, Maple Court Villa,
Noon
Call 881-4800 (HCSS) to make
reservations

July 20
Good Food Box
Pre-order at Family Resource
Network (Toy
Library), \$12:00 per box
Call 881-3898

July 20
Walkerton Singles Dance
Walkerton K. of C. Hall

Call 881-3711

July 21
Ontario Miss Mid-West Pageant
Victoria Jubilee Hall
Call Barb 881-0267

July 24
Blood Donor Clinic
K. of C. Hall Walkerton
12:00 p.m. to 8:00 p.m.
Contact Peggy at 881-0492

July 27
Walkerton Singles Dance
Hanover K. of C. Hall
Call 881-3711

August 1
Dining Club, Maple Court Villa,
Noon
Call 881-4800 (HCSS) to make
reservations

August 3
Walkerton Singles Dance
Walkerton K. of C. Hall
Call 881-3711

August 10
Walkerton Singles Dance
Walkerton Community Centre
Theme: Beach Party
Call 881-3711

August 11
Ladies Golf Tournament
Walkerton Golf Course
'Best Ball'
Pre-register 881-0415
Dorothy

August 11
Grey Bruce Arabian Horse
Festival, Horse Palace
Call Nancy 364-3907

August 15
Dining Club, Maple Court Villa,
Noon
Call 881-4800 (HCSS) to make
reservations

August 17
Good Food Box
Pre-order at Family Resource
Network (Toy
Library), \$12.00 per box
Call 881-3898

August 17
Walkerton Singles Dance
Walkerton K. of C. Hall
Call 881-3711

August 17, 18 & 19
Dirt Pig Slo Pitch Tournament,
Walkerton
Call Brian 881-2872



JOHN ERNEWEIN
PRESIDENT & C.E.O.

P.O. BOX 970
18 INDUSTRIAL ROAD
WALKERTON, ONTARIO
N0G 2V0

BUS: 519-881-0187
FAX: 519-881-3199
MOBILE: 519-881-7531



The Man To See Is:



WILFRED McINTEE
PRESIDENT

WILFRED McINTEE & CO. LIMITED
WALKERTON, ONTARIO

Bus (519) 881-2270



Res (519) 881-1137



Don Leslie
Dealer Principal

Leslie Motors Ltd.
Highway #9, South, Box 98
Walkerton, ON N0G 2V0

Local: (519) 881-1506
Bus: 1-800-790-4690 Fax: (519) 881-1140
Cell: (519) 881-9200 Res: (519) 881-3358

Information Circular To the Residents of Walkerton (Fourth in a Series)

July 5, 2001

This circular contains updated information on the administration of the Walkerton Compensation Plan.

Plan Administration Update

The processing of Stage 1 application forms has been ongoing since late April and the Compensation Plan Office continues to process applications. There have been more than 3000 Stage 1 payments made since May 16, 2001.

The high volume of applications has meant a 3 to 4 week processing period from the time an application is received at the Plan Office. Once the application is assessed, a letter is sent out to the applicant confirming acceptance as a Class Member or, in the alternative, advising as to any deficiencies in the application. If eligibility for a Stage 1 payment is established, a cheque is sent a short time afterwards, followed by a Stage 2 application.

People having both a business claim and a personal claim must file a separate Stage 1 and Stage 2 application for each claim. **All Stage 1 application forms must be filed on or before January 2, 2002 to retain the right to make a claim.** Additional Stage 1 applications are available from the Walkerton Compensation Plan Office at (519) 881-4343 or toll free at 1-866-876-3974.

The evaluation of completed Stage 2 applications will begin July 16, 2001. These are more detailed applications and processing times will vary depending on the nature of the individual claims and the volume of applications received.

The Walkerton Compensation Plan office hours are:

Monday to Thursday	8:00 a.m. to 8:00 p.m.
Friday	8:00 a.m. to 5:00 p.m.
Saturday (next several weeks)	9:00 a.m. to 1:00 p.m.

Appointment times and/or home visits can be arranged for persons with special needs, as required, by contacting the Plan office.

There is general information posted on the Walkerton Compensation Plan web site at www.walkertoncompensationplan.ca

This circular is approved for distribution by Mr. Justice Winkler of the Ontario Superior Court of Justice.

Information Circular To the Residents of Walkerton (Sixth in a Series)

October 9, 2001

This circular contains updated information on the administration of the Walkerton Compensation Plan.

Plan Administration Update

To date we have received well over 7000 Stage 1 Applications to the Walkerton Compensation Plan. More than 6400 applicants have been qualified as Class Members or Family Class Members.

Claims Deadline

The deadline for submission of Stage 1 Applications to the Plan is January 2, 2002.

Each person or business wishing to claim under the Walkerton Compensation Plan must do so by completing and returning a Stage 1 Application. This includes minors, incapable persons, and estates.

If you do not submit a Stage 1 Application by January 2, 2002 you may lose your right to claim compensation under the Plan.

There are extensions to this deadline that may apply under very limited circumstances. Attached is the section of the Plan setting out these circumstances.

If you have already submitted your Stage 1 Application to the Walkerton Compensation Plan Office, you have met the deadline. The deadline does not apply to Stage 2 Applications.

If you have not already submitted your Stage 1 Application please do so well before the deadline. Even if you believe you may be entitled to an extension, or if you are unsure of the extent of your claim or your entitlement to claim, we urge you to submit your Stage 1 Application before the deadline date of January 2, 2002.

If you have a claim both as an individual and as a business, a separate Stage 1 Application must be submitted for each claim.

If you have any questions or require a Stage 1 Application please contact the Walkerton Compensation Plan Office at 519 881-4343.

The excerpt below is taken directly from the Walkerton Compensation Plan.

FIRST CLAIM DEADLINE

- (1) After January 2, 2002, no person may make an application for compensation under this Plan for the first time unless the application is made within one year:
 - (a) of the person claiming to be a Class Member attaining his or her age of majority;
 - (b) of an incapable person claiming to be a Class Member having a guardian of property, attorney for property or litigation guardian authorized to make the application;
 - (c) following the date upon which the person claiming to be a Class Member first learned that he or she sustained serious or permanent bodily injury caused by the Contamination; or
 - (d) following the date of death of the person claimed to be a Class Member.
- (2) If a Class Member qualifies under (a), (b), (c) or (d) above, then his or her Family Class Members may make an application for compensation after that date but not otherwise.

This circular is approved for distribution by Mr. Justice Winkler of the Ontario Superior Court of Justice.

MESSAGE CONFIRMATION

10/17/2001 16:50
ID=5198812882

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
10/17	01'54"	519 364 6950	CALLING	03	OK 0000

10/17/2001 16:48 5198812882 → 3646950

NO. 739 001

FAX TRANSMITTAL

THE INFORMATION CONTAINED IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMITTAL IN ERROR, PLEASE NOTIFY US IMMEDIATELY AND RETURN THE ORIGINAL TRANSMISSION TO US.

DATE: *October 17, 2001*

TIME:

TO: *Dave Mattingly*

COMPANY: *Harmon Pest*

FAX NUMBER: *364-6950*

FROM: *Kim Chabrous*

FILE REFERENCE: *Walsh's Compensation Plan - Notice*

FILE NUMBER:

PAGES (INCLUDING COVER) *3*

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

2
FAXED
12/10/01

FAX TRANSMITTAL

THE INFORMATION CONTAINED IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMITTAL IN ERROR, PLEASE NOTIFY US IMMEDIATELY AND RETURN THE ORIGINAL TRANSMISSION TO US.

DATE: *October 17, 2001*

TIME:

TO: *Steve Mattingly*

COMPANY: *Hanover Post*

FAX NUMBER: *364-6950*

FROM: *Ken Chabrus*

FILE REFERENCE: *Wallerstein Compensation Plan - Notice*

FILE NUMBER:

PAGES (INCLUDING COVER) *3*

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

Hi Steve
Attached is the notice we would like to be placed in the Hanover Post and the Grey-Bruce This Week papers. We would like it to be a half page ad and to run for 2 weeks in the highest circulation days. Please let me know the dates it will run and the cost.

Thanks
Ken

Notice
Walkerton Compensation Plan
Class Action Settlement

Important Claims Deadline Information

The deadline for submission of Stage 1 Applications to the Plan is January 2, 2002.

Each person or business wishing to claim under the Walkerton Compensation Plan must do so by completing and returning a Stage 1 Application. This includes minors, incapable persons, and estates.

If you do not submit a Stage 1 Application by January 2, 2002 you may lose your right to claim compensation under the Plan.

There are extensions to this deadline that may apply under very limited circumstances. Attached is the section of the Plan setting out these circumstances.

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If you have a claim both as an individual and as a business, a separate Stage 1 Application must be submitted for each claim.

If you have any questions or require a Stage 1 Application please contact the Walkerton Compensation Plan Office at 519-881-4343.

The excerpt below is taken directly from the Walkerton Compensation Plan.

First Claim Deadline

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This notice is approved for distribution by Mr. Justice Winkler of the Ontario Superior Court of Justice.

fax

next
Tues for
2 wks
Oct 23 & 30

To: Kim Chalmers
 at: Walkerton Compensation Plan
 re: Notice
 Date: Oct 18/2001
 # of pg's

Kim

Please consider the following:

	<u>Post/6 B.T.W. Tues</u>	<u>6 B.T.W. North</u>
<u>1/2 pg</u>	<u>\$ 720 ea. time</u>	<u>\$ 300 ea. time</u>

Looking at your material, I'm not certain you need
a half page. Also, a half page in The HANOVER Post
and Grey Bruce this week Tuesday is the same size
as a full page in other local papers. Please keep that
in mind if you're shopping around. F.V.I., your
reach with the above ads would go as far north
as Tobermory, as far as Kincardine,
as far east as Meaford and Durham, and
South to Hamlet. In all you would be
reaching approximately 85,000 readers.

from the desk of Dave Mattingly

THE HANOVER POST

fax

THE HANOVER POST

To: Kim Chalmers

at _____

re: proofDate: Oct-19/2001

of pg's _____

Please advise by 1st thing
Monday am.

from the desk of Darc Mattingly

Kim Chalmers

Please advise

7

~NOTICE~

Walkerton Compensation Plan Class Action Settlement

IMPORTANT CLAIMS DEADLINE INFORMATION

The deadline for submission of Stage 1 Applications to the Plan is January 2, 2002.

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The excerpt below is taken directly from the Walkerton

Kim Chalmers

8

Please advise

~NOTICE~

Walkerton Compensation Plan Class Action Settlement

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The excerpt below is taken directly from the Walkerton

GREY-BRUCE THIS WEEK, TUESDAY OCTOBER 31 2001
9

~NOTICE~

Walkerton Compensation Plan Class Action Settlement

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ISO
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10

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 - (c) following the date upon which the person claiming to be a Class Member first learned that he or she sustained serious or permanent bodily injury caused by the Contamination; or
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- (2) If a Class Member qualifies under (a), (b), (c) or (d) above, then his or her Family Class Member may make an application of compensation after that date but not otherwise.

This notice is approved for distribution by Mr. Justice Winkler of the Ontario Superior Court of Justice.

THE HANOVER POST

413 18th Ave., Hanover, ON N4N 3S5
Tel (519) 364-2001 Fax (519) 364-6950 G.S.T. No. 871443818 RT0004

RECEIVED
NOV 21 2001

Advertising Invoice/Statement

500

Walkerton Compensation Plan
Attn: Kim Chalmers
106 Colborne St. N. Box 1587
Walkerton, ON N0G 2V0

Customer : 01102586-000

Phone : (519)881-4343

Date : 10/31/02

Page : 1

Trans. Date	Ref #	Type	Description	Runs	Run Date	Lines	Ad Charge	Taxes	Total
10/31/01	01544296-0	i	5 x 300 tear sheets encl	Disp. 1	10/23/01	1500	600.00	42.00	642.00
10/31/01	01544297-0	i	5 x 300 tear sheets encl	Disp. 1	10/23/01	1500	180.00	12.60	192.60
10/31/01	01544344-0	i	5 x 300 tear sheets encl	Disp. 1	10/30/01	1500	600.00	42.00	642.00
10/31/01	01544345-0	i	5 x 300 tear sheets encl	Disp. 1	10/30/01	1500	180.00	12.60	192.60
Current Charges							1560.00	109.20	
TOTAL DUE									1669.20

APPROVED FOR PAYMENT	
PER:	<i>Kim Chalmers</i>
QUANTITY/PRICING	
REGIONAL MANAGER	
ACCOUNT	AMOUNT
CHEQUE NO.	
DATE PAID	
CHEQUE NO.	

Her MAJESTY THE
Queen in RIGHT of
Ontario.

Please return this stub with your payment

Advertising Statement / Invoice

Walkerton Compensation Plan
Attn: Kim Chalmers
106 Colborne St. N. Box 1587
Walkerton, ON N0G 2V0
Customer : 01102586-000
Phone : (519)881-4343
Date : 10/31/02

1669.20

e amounts

20

THE HANOVE

THE HANOVER POST

413 18th Ave., Hanover, ON N4N 3S5
Tel (519) 364-2001 Fax (519) 364-6950 G.S.T. No. 871443818 RT0004

12
RECEIVED
NOV 21 2001

Advertising Invoice/Statement

500

Walkerton Compensation Plan
Attn: Kim Chalmers
106 Colborne St. N. Box 1587
Walkerton, ON N0G 2V0

Customer : 01102586-000

Phone : (519)881-4343

Date : 10/31/02

Page : 1

Trans. Date	Ref #	Type	Description	Runs	Run Date	Lines	Ad Charge	Taxes	Total
10/31/01	01544296-0	i	5 x 300 tear sheets encl	Disp. 1	10/23/01	1500	600.00	42.00	642.00
10/31/01	01544297-0	i	5 x 300 tear sheets encl	Disp. 1	10/23/01	1500	180.00	12.60	192.60
10/31/01	01544344-0	i	5 x 300 tear sheets encl	Disp. 1	10/30/01	1500	600.00	42.00	642.00
10/31/01	01544345-0	i	5 x 300 tear sheets encl	Disp. 1	10/30/01	1500	180.00	12.60	192.60

Current Charges

1560.00 109.20

TOTAL DUE

1669.20

APPROVED FOR PAYMENT	
PER: <i>Kim Chalmers</i>	
QUANTITY/PRICING	
REGIONAL MANAGER	
ACCOUNT	AMOUNT
CHEQUE NO.	
DATE PAID	
CHEQUE NO.	

TEAR SHEETS ENCLOSED

Please return this stub with your payment

Advertising Statement / Invoice

Walkerton Compensation Plan
Attn: Kim Chalmers
106 Colborne St. N. Box 1587
Walkerton, ON N0G 2V0

Customer : 01102586-000

Phone : (519)881-4343

Date : 10/31/02

Amount Due:

1669.20

1.5% will be added each month to all overdue amounts

Amount Paid:

1-30	0.00	31-60	0.00	61-90	0.00	91+	1669.20
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THE HANOVER POST

413 18th Ave., Hanover, ON N4N 3S5
Tel (519) 364-2001 Fax (519) 364-6950

Advertising

Hanover Post
413 - 18TH AVE
HANOVER, ON N4N 3S5
Phone: (519) 364-2001
Fax: (519) 364-6950

Walkerton Compensation Plan
Attn: Kim Chalmers
106 Colborne St. N. Box 1587
Walkerton, ON N0G 2V0

Customer #: 01102586-000
Ad #: 01544295
Job #: 01544295
Phone: (519)881-4343
Date: 12/03/01
Description: 5 x 300 tear sheets encl

Run Date	Insertion Number	Sales Person	Description	Ad Type	Size	Rate Code	Total Cost
10/23/01	01544296		01 Hanover Post	na	5.00 x 21.43	di	600.00
10/23/01	01544297		02 Grey Bruce Tuesday	na	5.00 x 21.43	di	180.00
10/30/01	01544344		01 Hanover Post	na	5.00 x 21.43	di	600.00
10/30/01	01544345		02 Grey Bruce Tuesday	na	5.00 x 21.43	di	180.00

Total: 1560.00

Tax: 109.20

Prepayment: 0.00

Total Due 1669.20

RECEIVED
DEC 11 2001

Advertising

Hanover Post
 413 - 18TH AVE
 HANOVER, ON N4N 3S5
 Phone: (519) 364-2001
 Fax: (519) 364-6950

Walkerton Compensation Plan
 Attn: Kim Chalmers
 106 Colborne St. N. Box 1587
 Walkerton, ON N0G 2V0

Customer #: 01102586-000
Ad #: 01544964
Job #: 01544964
Phone: (519)881-4343
Date: 12/03/01
Description: GREY BRUCE NORTH

Run Date	Insertion Number	Sales Person	Description	Ad Type	Size	Rate Code	Total Cost
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11/03/01	01544965		15 GBTW-North	na	5.00 x 14.29	gs	300.00
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Total: 300.00

Tax: 21.00

Prepayment: 0.00

Total Due 321.00

RECEIVED
 DEC 11 2001

Advertising

Hanover Post
413 - 18TH AVE
HANOVER, ON N4N 3S5
Phone: (519) 364-2001
Fax: (519) 364-6950

Walkerton Compensation Plan
Attn: Kim Chalmers
106 Colborne St. N. Box 1587
Walkerton, ON N0G 2V0

Customer #: 01102586-000
Ad #: 01546493
Job #: 01546493
Phone: (519)881-4343
Date: 12/03/01
Description: NOV. 09/01 GREY

Run Date	Insertion Number	Sales Person	Description	Ad Type	Size	Rate Code	Total Cost
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11/09/01	01546497		15 GBTW-North	na	5.00 x 14.29	UD	300.00
----------	----------	--	---------------	----	--------------	----	--------

Total: 300.00

Tax: 21.00

Prepayment: 0.00

Total Due 321.00

17/12/01
Spoke with Dave
matteringly - advised invoices
have to be sent to Her
Majesty the Queen in the Right
of Ontario. He will send
message to accounting

APPROVED FOR PAYMENT	
PER:	
QUANTITY/PRICING	
REGIONAL MANAGER	
ACCOUNT	AMOUNT
CHEQUE AMT.	
DATE PAID	
CHEQUE NO.	

RECEIVED
DEC 11 2001

The Hanover Post
413 18th Avenue
Hanover Ont.
N4N 3S5

RECEIVED
DEC 19 2001

16

Ph. 364-2001 Fax. 364-6950

Advertising Invoice/Statement

1

Her Majesty the Queen Right of Ont
Walkerton Compensation Plan
106 Colborne St. N. Box 1587
Attn: Kim Chalmers
Walkerton, ON N0G 2V0

Customer : 01102586-000
Phone : (519)881-4343
Date : 12/18/01
Page : 1

Trans. Date	Ref #	Type	Description		Runs	Run Date	Lines	Ad Charge	Taxes	Total
10/31/01	01544296-0	i	5 x 300 tear sheets encl	Disp.	1	10/23/01	1500	600.00	42.00	642.00
10/31/01	01544297-0	i	5 x 300 tear sheets encl	Disp.	1	10/23/01	1500	180.00	12.60	192.60
10/31/01	01544344-0	i	5 x 300 tear sheets encl	Disp.	1	10/30/01	1500	600.00	42.00	642.00
10/31/01	01544345-0	i	5 x 300 tear sheets encl	Disp.	1	10/30/01	1500	180.00	12.60	192.60
11/30/01	01544965-0	i	GREY BRUCE NORTH	Disp.	1	11/03/01	1000	300.00	21.00	321.00

Current Charges

1860.00

130.20 - N/A.

TOTAL DUE

1990.20

APPROVED FOR PAYMENT	
PER: <i>Kim Chalmers</i>	
QUANTITY/PRICING	
REGIONAL MANAGER	
ACCOUNT	AMOUNT
CHEQUE AMT.	
DATE PAID	
CHEQUE NO.	

Please return this stub with your payment

Advertising Statement / Invoice

Her Majesty the Queen Right of Ont
Walkerton Compensation Plan
106 Colborne St. N. Box 1587
Attn: Kim Chalmers

Customer : 01102586-000
Phone : (519)881-4343
Date : 12/18/01

Amount Due:

1990.20

1.5% will be added each month to all overdue amounts

Amount Paid:

1-30	1990.20	31-60	0.00	61-90	0.00	91+	0.00
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MESSAGE CONFIRMATION

10/22/2001 14:44
ID=5198812882

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
10/22	00'48"	15198810276	CALLING	03	OK 0000

10/22/2001 14:43 5198812882 → 8810276

NO.750 001

FAX TRANSMITTAL

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DATE: *October 22, 2001*

TIME:

TO: *Lenha*

COMPANY: *Walden Harold Tennis*

FAX NUMBER: *881-0276*

FROM: *Ken Chabrows*

FILE REFERENCE:

FILE NUMBER:

PAGES (INCLUDING COVER) *3*

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

FAXED
22/10/01

FAX TRANSMITTAL

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DATE: *October 22, 2001*

TIME:

TO: *Lord's*

COMPANY: *Waltham Harold Tennis*

FAX NUMBER: *881-0276*

FROM: *Ken Chalmers*

FILE REFERENCE:

FILE NUMBER:

PAGES (INCLUDING COVER) *3*

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

As per our telephone discussion - this is the notice we would like published for 2 weeks as a half page.

*Thanks
Ken*

**Notice
Walkerton Compensation Plan
Class Action Settlement**

Important Claims Deadline Information

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This notice is approved for distribution by Mr. Justice Winkler of the Ontario Superior Court of Justice.

Brockton's Prime News Source

The Walkerton

Herald-Times

EST. 1874

FAX: (519) 881-0276 PHONE (519) 881-1600

P.O BOX 190, 10 VICTORIA STREET NORTH, WALKERTON, ONTARIO N0G 2V0

DATE: Oct 24, 2001TO: Walkerton Compensation PlanATTENTION: KIM CHALMERSFROM: KENDRIANUMBER OF PAGES (including cover page): 2

PLEASE NOTE:

IF YOU HAVE
NOT RECEIVED ALL
THE PAGES, PLEASE
CALL THE SENDER

AT:

(519)

881-1600

MESSAGE:

Here is the ad we created,
please call me by Friday
at 5pm with any changes
and/or approval.

Thanks, Kendria

Kendria 1/2 page

Oct 31 '01

358.16 + GST

Nov 7 '01

282.53 + GST.

in
the
back
page

25/10/01

called and confirmed

OK to go

ahead.

NOTICE

Walkerton Compensation Plan - Class Action Settlement

Important Claims Deadline Information

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THE WALKERTON HERALD TIMES WEDNESDAY OCTOBER 31 2001
WEDNESDAY NOVEMBER 7 2001

INVOICE

PAGE 1

FROM

WALKERTON HERALD TIMES
10 VICTORIA ST N, PO BOX 190
WALKERTON, ONTARIO
N0G 2V0
GST REGISTRATION R137752424

ACCOUNT NUMBER

586

INVOICE DATE

31 Oct 2001

PLEASE MAKE PAYABLE TO

INVOICE NUMBER

3403

AMOUNT DUE

377.88

TO Walkerton Compensation Plan
106 Colbourne St
PO Box 1587
Walkerton, Ont
N0G 2V0

AMOUNT PAID \$

(519) 881-1600
ACCOUNT INQUIRIES FAX (519) 881-0276

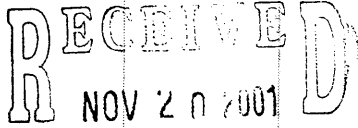
REMITTANCE PORTION: DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

WALKERTON HERALD TIMES

Walkerton Compensation Pl

FROM

TO

PUBLICATION DATE	DESCRIPTION	ADS APPEARED IN THESE NEWSPAPERS	TOTAL LINES	RATES	SALES CODE	AMOUNT
11.10.31	LOCAL - RETAIL WEDNESDAY DEADLINE FOR STAGE ONE	WALKERTON HERALD TIMES	654			353.16 24.72 GST
<div style="text-align: center;">  </div>						
<div style="border: 1px solid black; padding: 5px;"> <p>APPROVED FOR PAYMENT PER: <i>Lisa Chabrows</i> QUANTITY/PRICING REGIONAL MANAGER ACCOUNT AMOUNT _____ _____ CHEQUE AMT. DATE PAID CHECK #</p> </div>						
<p>(SUBTOTAL = 353.16)</p>						
<p>(G.S.T. = 24.72 GST REGISTRATION R137752424)</p>						
						377.88

AMOUNT DUE ➤



Metroland Printing, Publishing & Distributing Ltd.

CUSTOMER COPY: KEEP THIS COPY FOR YOUR RECORDS

INVOICE

FROM :

WALKERTON HERALD TIMES
10 VICTORIA ST N, PO BOX 190
WALKERTON, ONTARIO
N0G 2V0

ACCOUNT NUMBER

STATEMENT DATE

505

31 Oct 2001

TO :

Walkerton Compensation Plan
105 Colbourne St
PO Box 1587
Walkerton, Ont
N0G 2V0

CURRENT

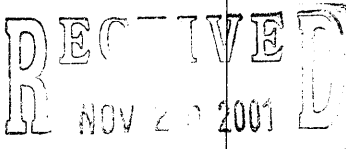
OVERDUE

377.88

0.00

THIS IS A SUMMARY OF YOUR ACCOUNT

ACCOUNT INQUIRIES CALL/FAX (519) 881-2276
(519) 881-1600

TRANSACTION DATE	INVOICE NUMBER	DESCRIPTION	AMOUNT	BALANCE
31 Oct 2001	3403	INVOICE	377.88	377.88
		CUSTOMER BALANCE		377.88
<div style="text-align: center;">  </div>				



Metroland Printing, Publishing & Distributing Ltd.

FORM 205 (REV. 8/93)

INVOICE

FROM

WALKERTON HERALD TIMES
10 VICTORIA ST N, PO BOX 190
WALKERTON, ONTARIO
N0G 2V0
GST REGISTRATION R137752424

PAGE 1

ACCOUNT NUMBER

586

INVOICE DATE

30 Nov 2001

PLEASE MAKE PAYABLE TO

INVOICE NUMBER

3462

AMOUNT DUE

302.31

Her Majesty the Queen In Right of Ontario
Walkerton Compensation Plan
106 Colbourne St
PO Box 1587
Walkerton, Ont
N0G 2V0

AMOUNT PAID \$

(519) 881-1600

ACCOUNT INQUIRIES FAX (519) 881-0276

REMITTANCE PORTION: DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

WALKERTON HERALD TIMES

Walkerton Compensation Pl

FROM

TO

ACCOUNT NUMBER	YEAR	TERMS	INVOICE DATE	CUSTOMER P.O. NUMBER	INVOICE NUMBER
586	01-01-01		30 Nov 2001		3462
DUE UPON RECEIPT					

PUBLICATION DATE	DESCRIPTION	ADS APPEARED IN THESE NEWSPAPERS	TOTAL LINES	DATES	SALES CODE	AMOUNT								
2001.11.07	LOCAL- RETAIL WEDNESDAY DEADLINE FOR STAGE ONE	WALKERTON HERALD TIMES	654			282.53 19.78 GST								
<div><div>RECEIVED DEC 13 2001</div><div><div>APPROVED FOR PAYMENT PER: <i>Don Chubb</i> QUANTITY/PRICING REGIONAL MANAGER <table><tr><th>ACCOUNT</th><th>AMOUNT</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> CHEQUE AMT DATE PAID CHEQUE NO.</div><div>DISBURSED TO WMK.</div></div></div>							ACCOUNT	AMOUNT						
ACCOUNT	AMOUNT													
(SUBTOTAL =		282.53)												
(G.S.T. =		19.78		GST REGISTRATION R137752424)										
						302.31								

RECEIVED
DEC 13 2001

APPROVED FOR PAYMENT	
PER: <i>Don Chubb</i>	
QUANTITY/PRICING	
REGIONAL MANAGER	
ACCOUNT	AMOUNT
CHEQUE AMT	
DATE PAID	
CHEQUE NO.	

DISBURSED
TO
WMK.



Metroland Printing, Publishing & Distributing Ltd.

AMOUNT DUE ►

INVOICE

STATEMENT

FROM

PAGE 1

//

WALKERTON HERALD TIMES
10 VICTORIA ST N, PO BOX 158
WALKERTON, ONTARIO
N0B 2V0

ACCOUNT NUMBER

STATEMENT DATE

538

4 Dec 2001

TO

Walkerton Compensation Plan
106 Colbourne St
PO Box 1587
Walkerton, Ont
N0B 2V0

CURRENT

OVERDUE

302.31

377.88

THIS IS A SUMMARY OF YOUR ACCOUNT

ACCOUNT INQUIRIES CALLFAX (519) 881-0276
(519) 881-1880

TRANSACTION DATE	INVOICE NUMBER	DESCRIPTION	AMOUNT	BALANCE
31 Oct 2001	3403	INVOICE	377.88	377.88
30 Nov 2001	3462	INVOICE	302.31	680.19
		CUSTOMER BALANCE		680.19
DEC 13 2001				



Printing, Publishing & Distributing Ltd.

FORM 205 (REV. 8/93)

/

Information Circular To the Residents of Walkerton (Seventh in a Series)

December 9, 2001

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MESSAGE CONFIRMATION

12/19/2001 16:45
ID=5198812882

DATE	S,R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT
12/19	02'37"	3646950	CALLING	03	OK 0000

12/19/2001 16:42 5198812882 → 3646950

NO.866 001

FAX TRANSMITTAL

THE INFORMATION CONTAINED IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMITTAL IN ERROR, PLEASE NOTIFY US IMMEDIATELY AND RETURN THE ORIGINAL TRANSMISSION TO US.

DATE: DEC 19 '01

TIME:

TO: MATT

COMPANY: HANOVER POST

FAX NUMBER: 364-6950

FROM: KIM CHALMERS

FILE REFERENCE: WALKERSON (COMPENSATION) AD.

FILE NUMBER:

PAGES (INCLUDING COVER) 3

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

2

FAXED
12/12/01

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FILE NUMBER:

PAGES (INCLUDING COVER) 3

IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL

HI MATT

EVERYTHING IS FINE - I HAVE SIGNED THE PROOF'S

THE HANOVER POST*fax*

To: K. Chalmers
at: Wallerstein Compensation Plan
re: PROOF For Dec. 21
Date: Dec. 19
of pg's 2

Kim, Please proof and let me know.
this 5x223 ad has been booked
for Dec. 21 + Dec. 28 The Grey Bruce TW
and Dec. 24 The Hanover Post + Grey Bruce TW.

from the desk of _____

Attn: Kim From Matt/The Post

4

Please advise,

Tx

Matt

Top Print

Information Circular To the Residents of Walkerton (Seventh in a Series)

December 17th 9, 2001

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THIS PROOF HAS BEEN OK'D BY
Your signature verifies the copy is correct. All
changes to be noted in the margin.

Compensation Plan Office, you have met the deadline. The deadline does not apply to Stage 2 Applications.

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THIS PROOF HAS BEEN OK'D BY

the rest

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(Seventh in a Series)

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THE HANOVER POST

413 18th Ave., Hanover, ON N4N 3S5
Tel (519) 364-2001 Fax (519) 364-8950 G.S.T. No. 871443818 RT0004

Advertising Invoice/Statement

Her Majesty the Queen Right of Ont
Walkerton Compensation Plan
106 Colborne St. N. Box 1587
Attn: Kim Chalmers
Walkerton, ON N4G 2V0

Customer : 01102586-000

Phone : (519)881-4343

Date : 12/31/01

Page : 1

Trans. Date	Ref #	Type	Description	Runs	Run Date	Lines	Ad Charge	Taxes	Total
	Bal Fwd -		Beginning Balance						1990.20
12/31/01	01548497-0		NOV. 09/01 GREY BRUCE	Disp.	1	12/01/01	1000	300.00	321.00
12/31/01	01547170-0		Information	Disp.	1	12/25/01	1115	448.00	477.22
12/31/01	01547172-0		Information	Disp.	1	12/25/01	1115	133.80	143.17
12/31/01	01547174-0		Information	Disp.	1	12/22/01	1115	175.00	187.25
12/31/01	01547175-0		Information	Disp.	1	12/29/01	1115	175.00	187.25
12/31/01	SVC52275 0		Service Charges December 01					33.38	33.38

Current Charges

1263.18

86.09

TOTAL DUE

3339.47

RECEIVED
JAN 14 2002

APPROVED FOR PAYMENT	
PER: <i>[Signature]</i>	
QUANTITY/PRICING	
REGIONAL MANAGER	
ACCOUNT	AMOUNT
	1263.18
CHECK NO.	
DATE PAID	
CHECK NO.	

PAY
1263.18
only
100 TAX

TEAR SHEETS ENCLOSED

Please return this stub with your payment

Advertising Statement / Invoice

Her Majesty the Queen Right of Ont
Walkerton Compensation Plan
106 Colborne St. N. Box 1587
Attn: Kim Chalmers

Customer : 01102586-000

Phone : (519)881-4343

Date : 12/31/01

Amount Due: 3339.47

1.5% will be added each month to all overdue amounts

Amount Paid:

1-30 1670.27	31-60 1669.20	61-90 0.00	91+ 0.00
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THE HANOVER POST 413 18th Ave., Hanover, ON N4N 3S5
Tel (519) 364-2001 Fax (519) 364-8950

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(Seventh in a Series)

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If you have a claim both as an individual and as a business, a separate Stage 1 Application must be submitted for each claim.

If you have any questions or require a Stage 1 Application please contact the Walkerton Compensation Plan Office at 519-881-4343.

Plan Administration Update

To date we have received over 8600 Stage 1 Applications to the Walkerton Compensation Plan. More than 7300 applicants have been qualified as Class Members or Family Class Members.

Holiday Hours

The Walkerton Compensation Plan office will be open over the holidays as follows:

Monday, December 24: 8:00AM - 3:00PM
 Tuesday, December 25: Closed
 Wednesday, December 26: Closed
 Thursday, December 27: 8:00AM - 8:00PM
 Friday, December 28: 8:00AM - 5:00PM
 Saturday, December 29: 9:00AM - 12:00 noon
 Monday, December 31: 8:00AM - 3:00PM
 Tuesday, January 1: Closed
 Wednesday, January 2: 8:00AM-8:00PM

The excerpt below is taken directly from the Walkerton Compensation Plan.

FIRST CLAIM DEADLINE

- (1) After January 2, 2002, no person may make an application for compensation under this Plan for the first time unless the application is made within one year
- (a) of the person claiming to be a Class Member attaining his or her age of Majority;
 - (b) of an incapable person claiming to be a Class Member having a guardian of property, attorney for property or litigation guardian authorized to make the application;
 - (c) following the date upon which the person claiming to be a Class Member first learned that he or she sustained serious or permanent bodily injury caused by the Contamination; or
 - (d) following the date of death of the person claimed to be a Class Member.
- (2) If a Class Member qualifies under (a), (b), (c), or (d) above, then his or her Family Class Members may make an application for compensation after the date but not otherwise.
- This circular is approved for distribution by Mr. Justice Winkler of the Ontario Superior Court of Justice.

Attention: Kim Chalmers

Hi Kim,
Here's your ad for Dec 27.

Please proof & fax back.

Any changes and/or

Confirmation

1/2 page - \$356.40I wasn't
sure if you
wanted
this.Thanks
3 Merry Christmas!

Meredith

phoned and OK'd 4:25 pm.
dd.

OK.

leave
in.

INVOICE

PAGE 1

FROM

WALKERTON HERALD TIMES
10 VICTORIA ST N, PO BOX 190
WALKERTON, ONTARIO
N0G 2V0
GST REGISTRATION R137752424

ACCOUNT NUMBER

INVOICE DATE

586

31 Dec 2001

PLEASE MAKE PAYABLE TO

INVOICE NUMBER

AMOUNT DUE

4146

356.40

TO Her Majesty The Queen in Right of Ontario
c/o Walkerton Compensation Pla
106 Colbourne St, PO Box 1587
Walkerton, Ont
N0G 2V0

AMOUNT PAID \$

(519) 881-1600

ACCOUNT INQUIRIES FAX (519) 881-0276

REMITTANCE PORTION: DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

WALKERTON HERALD TIMES

Her Majesty The Queen in
TO

FROM

ACCOUNT NUMBER	TEAR SHEETS	TERMS	INVOICE DATE	CUSTOMER PO. NUMBER	INVOICE NUMBER	
586			31 Dec 2001		4146	
DUE UPON RECEIPT						
PUBLICATION DATE	DESCRIPTION	ADS APPEARED IN THESE NEWSPAPERS	TOTAL LINES	RATES	SALES CODE	AMOUNT
2001.12.26	LOCAL- RETAI WEDNESDAY Information Circular	WALKERTON HERALD TIMES	630			356.40 0.00 GST
(SUBTOTAL =		356.40)				
(G.S.T. =		0.00	GST REGISTRATION R137752424)			
						356.40

RECEIVED
JAN 11 2002

APPROVED FOR PAYMENT	
PER: <i>[Signature]</i>	
QUANTITY/PRICING	
REGIONAL MANAGER	
QUANTITY	AMOUNT
CHECKED AMT.	
DATE PAID	
CHECK NO.	



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AMOUNT DUE ►

INVOICE