Name  
Address

Send to the same people as the first letter. You can add new cc: people if anyone else is now harassing you  
- DELETE this box before printing (just click on the border so the box appears and hit ‘delete’.

City, Prov  
Post Code

Date

To: Name, Title   
Company  
Address  
City, ON Post Code

To: Name union, Title  
Union  
Address  
City, ON Post Code

cc: Name, Title  
Company  
Address  
City, ON Post Code

To all and to whom it may concern:

**NOTICE OF INSUFFICIENT RESPONSE   
& OPPORTUNITY TO CURE**SILENCE IS ACQUIESCENCE, AGREEMENT AND DISHONOUR

Notice to Agent is Notice to Principal; Notice to Principal is Notice to Agent

Thank you for your correspondence dated [date]. See Exhibit 1.

**YOU ARE HEREBY NOTICED** that you have responded insufficiently to my **NOTICE OF LIABILITY REGARDING ALL COVID-19 MEASURES** dated [date of letter] that was sent by Canada Post Registered Mail and was received on [date of receipt]. See Exhibit 2 and Exhibit 3.

**PLAIN STATEMENT OF FACTS**

Below are the facts as I know them:

1. On [date you mailed it], the Respondents were sent the **NOTICE OF LIABILITY REGARDING ALL COVID-19 MEASURES**, delivered by CANADA POST Registered Mail.
2. Respondents have been given the opportunity, with specific terms, to respond to the document within a reasonable time frame.
3. No responses from the Respondents have yet been received.
4. Your response is required by [14 days from receipt date].

Other key points:

1. These measures you are mandating come with potentially serious/fatal risks to my health, well-being, and my ability to provide food and shelter for myself and my family.
2. Sufficient information was not provided with these mandates, I received only threats of termination or unpaid leave should I not comply.
3. These mandates were never part of any agreement I have signed, nor were any deadlines for compliance. I am not in breach of any agreements by not complying. I have amended by signature on all documents relating to my employment.
4. My letter includes a series of questions regarding the testing to which I require answers in order to provide my informed consent, which is required by law in accordance with the Health Care Consent Act¸1996¸ s. 11 (2) and the Criminal Code of Canada, RSC 1985, c.C-46, s. 265 (1)(b) and (3).  
   Per The Health Care Consent Act

Informed consent

(2) A consent to treatment is informed if, before giving it,

(a) the person received the information about the matters set out in subsection (3) that a reasonable person in the same circumstances would require in order to make a decision about the treatment; and

(b) the person received responses to his or her requests for additional information about those matters. 1996, c. 2, Sched. A, s. 11 (2).

**OPPORTUNITY TO CURE**

As you, the Respondents, have not provided a sufficient response to my **NOTICE OF LIABILITY REGARDING ALL COVID-19 MEASURES**, it is you who are preventing me from complying with your policy, not me. The deadline for your response is [date].

Failure to cure will constitute, as an operation of law, the FINAL admission and agreement of the liability of Respondents, rendering the injection and testing mandates, along with any and all other related measures, null and void with respect to me, and that no further harm, in any way, shape, or form, will come to me as a result.

Please provide me the information I am requesting so that I may provide informed consent. As outlined in the Notices to Produce, the requirements of your response are:

*“A response to each point is required in writing via Affidavit, delivered by Registered Mail,   
within 14 days of receipt of this Notice.”*

I do not consent to being punished for your lack of response. I do not consent to any further harassment or threats to my employment or income due to your lack of response. I will hold each of you, the Respondents, fully liable - financially, legally, and otherwise - for any harm caused to me stemming from punitive actions due to any and all claims of non-compliance.

**NOTICE**

RESPONSE MUST BE RECEIVED BY [Deadline date] AS OUTLINED IN THE **NOTICE OF LIABILITY REGARDING ALL COVID-19 MEASURES.**

I look forward to your reply.

Respectfully,

your name (sign normally)

Solemnly declared before me

At the City/Region of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ (Province)

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2021

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public in and for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (province)

Attachments:  
Exhibit 1: [Employer]’s correspondence dated [date]

Exhibit 2: My Notarized letter  
Exhibit 3: Canada Post Proof of Delivery

<- provide the proofs of delivery for ALL Respondents on one page so none of them can weasel out  
DELETE THIS BOX BEFORE PRINTING