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ACCESS TO INFORMATION REQUEST

TO: ACCESS TO INFORMATION OFFICER

APPLICANT

M ^s <input type="checkbox"/> Last name Mr <input type="checkbox"/>	First name	File number (if available)
Address	Apt.	Tel. (home) () -
City or town	Postal code	Tel. (office) () -
E-mail address		Fax () -

Purpose of the request

I would like to receive, in accordance with the *Act respecting access to documents held by public bodies and the Protection of personal information*, the following document(s): [PLEASE SPECIFY THE DOCUMENT(S) YOU WISH TO RECEIVE]

Signed on _____ à _____
(Date) (Municipality) (Signature of applicant)