



APPLICATION FORM FOR ACCESS TO A DOCUMENT

Act respecting Access to documents held by public bodies and the Protection of personal information (CQLR, chapter A-2.1, section 9)

IDENTIFICATION OF THE INSTITUTION REQUESTING THE INFORMATION

Name of institution:

Address (civic number, street, city, province):

Postal code:

IDENTIFICATION OF THE PERSON REQUESTING THE INFORMATION

Last name:

First name:

Address (civic number, street, city, province):

Postal code:

Telephone:

Email:

IDENTIFICATION OF THE DOCUMENT REQUESTED

METHOD OF CONSULTATION REQUESTED

Consultation on site

Document to be sent to the applicant

Date: _____

Signature: _____

RESERVED SPACE

Comments:

Applicant's request received on: / /

Answer to the applicant prior to: / /

Acknowledgement of receipt sent on: / /

Reach of decision sent on: / /