

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

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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: / /