

IMPORTANT

You must sign your petition. It must also contain the information requested below and be accompanied by certain documents and, as the case may be, payment for fees.

The masculine form used in this form refers to both men and women.

1 Identification of petitioner (Please notify us about any change)

Person	Company
<p>Male Female</p> <p>Family name (in block letters) First name (in block letters)</p> <p>Address</p> <p>Number Street or avenue Apartment</p> <p>Municipality Province Postal code</p> <p>Telephone</p> <p>Area code Home Area code Work Extension</p> <p>Fax</p> <p>Area code</p> <p>Email Address</p>	<p>Company name (in block letters)</p> <p>Male Female</p> <p>Family name of contact person (in block letters) First name (in block letters)</p> <p>Address</p> <p>Number Street or avenue Apartment</p> <p>Municipality Province Postal code</p> <p>Telephone</p> <p>Area code Work Extension Area code Home</p> <p>Fax</p> <p>Area code</p> <p>Email Address</p>
<p>2nd petitioner (if any). Please attach a sheet of paper with your coordinates.</p>	

Lawyer or other representative (if any)

Lawyer

Family name of person or name of firm (in block letters) | First name

Other representative (see other side)

Address

Number | Street or avenue | Apart. | Telephone

Municipality | Province | Postal code | Area code | Home | Area code | Work | Extension

Fax

Area code

2 Presentation of petition

ATTACH A COPY OF THE DECISION RECEIVED FROM THE GOVERNMENT DEPARTMENT OR PUBLIC ORGANIZATION WHICH YOU ARE CONTESTING (OR DOCUMENTS PERTAINING TO THE EVENT).

In matters of *municipal taxation*, attach a copy of your request for revision and the evaluator's response, if any.

Indicate the name of the government department or public organization whose decision you are contesting or who is responsible for the event.

<p>Number of department's or organization's file (if any)</p>	<p>Date of the decision or event</p> <p>Year Month Day</p>
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3 Object and grounds

Provide a brief explanation of the grounds for your recourse and the conclusions sought (if you need more space, attach another sheet of paper).

4 Signature of petitioner (or of his lawyer or representative)

Signed at _____

 Year Month Day

Signature

Signature (2nd petitioner, if any)

5 Space reserved for administrative purposes

<input type="checkbox"/> Secretariat of the Tribunal administratif du Québec		<input type="checkbox"/> Small Claims Division registry	
Municipality		Date petition filed	_____ Year Month Day
Fees \$	Receipt number	Date of payment	_____ Year Month Day
To be corrected by the administration, if necessary			
Fees \$	Receipt number	Date of payment	_____ Year Month Day

6 Fee payment method (as required)

DETACHABLE SECTION FOR ADMINISTRATION

- A** Cash
 - B** Debit card
 - C** Cheque
 - D** Postal money order
- } Only at counter
- } Payable to the **Tribunal administratif du Québec**

E Credit card Number _____



Expiry date _____
 Month Year

 Signature of credit card holder required