

APPLICATION FOR ACCESS TO A DOCUMENT

		AP	PLICANT			
Last name		Fi	rst name	_	Ms □ Mr □	
Address (Number, street, city/town)				Postal co	Postal code	
Telephone			Fax	E-	E-mail	
Home ()	work ()		()			
		D	OCUMENT			
Title, author,	subject, etc. Add	dress:				
Have the docume	ACCI ent e-mailed or faxe		OCEDURE DESIRE	D		
Consult and/or	purchase the docume	ent at 1	the CDN-NDG Accès	Montréal office	! <u> </u>	
Receive a copy	by mail (mailing ch	harges (of \$3.00)			
	t your request by 514 868-3538.	e-mail	, to <u>cdnndg@vil</u>	le.montreal.qc	.ca,	
Signature			Date			

The personal information in this application is protected under the *Act respecting Access* to documents held by public bodies and the *Protection of personal information* (RSQ, c. A-2.1).

REQUEST TO ACCESS A DOCUMENT

- This optional form is made available to people who wish to file a request to access an administrative document from a public organization.
- The information provided in the section "Identification of the Applicant" will remain confidential and will be shared solely with the persons authorized to process your request.
- Your request must be sufficiently specific to enable the person in charge to respond. For example, you may mention the title of the document you would like to obtain, its author's name or subject matter. Please include your personal or professional contact information in order to allow the person in charge to forward the response.
- On receipt of this form or any other written request, the person in charge will forward an acknowledgement of receipt to you, specifying the date on which you can expect to receive a written response to your request. The response time set by law is 20 calendar days. However, this time limit may be extended by 10 days due to the high volume of requests we receive.
- Photocopy and document transmission fees may apply. The persons in charge of each organization will provide the relevant information concerning fees.