Saint-Laurent
Montréal

REQUEST TO ACCESS DOCUMENTS

CONTACT INFORMATION FOR PERSON MAKING REQUEST			
❑ Mr. ❑ Ms.	Last name	First name	
Company name		Email address	
Address (No, rue, ville)		Apt. No.	Postal code
Telephone (home)	Telephone (other)	Date	

PURPOSE OF THE REQUEST

PLEASE SUBMIT TO:
Responsable substitut de l'accès aux documents Arrondissement de Saint-Laurent Direction des services administratifs et du greffe 777, boulevard Marcel-Laurin Saint-Laurent (Québec) H4M 2M7 Fax: 514 855-5709 saint-laurent.accesdoc@ville.montreal.qc.ca