

The Charter of the French language and its regulations govern the use of English language. By filling this form in English, you declare being part of one of the groups covered by the exceptions under the Charter of the French language:

- Individuals who corresponded solely in English with the STL prior to May 13, 2021
- Persons declared eligible to receive instruction in English
- The Indigenous peoples
- Immigrants who have arrived in Quebec less than 6 months ago

La Charte de la langue française et sa réglementation s'appliquent à l'utilisation d'une autre langue que le français. En remplissant ce formulaire en anglais, vous déclarez faire partie d'un des groupes admissibles à une exception :

- Personnes qui correspondaient seulement en anglais avec la STL avant le 13 mai 2021
- Personnes déclarées admissibles à recevoir l'enseignement en anglais
- Autochtones
- Personnes immigrantes arrivées au Québec depuis moins de six mois

Paratransit Service

Attestation of autonomy and authorization to leave a paratransit user unattended at their destination

The purpose of this attestation and authorization is to respect the autonomy of the user identified in item 1, while ensuring safe travel conditions.

1. USER IDENTIFICATION

Paratransit client #: _____

User's first and last name (block letters): _____

2. APPLICANT ATTESTATION

I, the undersigned, _____

☐ user, identified in item 1, of the Société de transport de Laval (the "STL") Paratransit Service, declare to be autonomous and hereby authorize any STL paratransit driver to let me unattended at my destination, without assistance from another person.

☐ legal representative of the STL Paratransit Service user identified in item 1, as:

- | | | |
|--|--|--|
| <input type="checkbox"/> tutor to a person of full age | <input type="checkbox"/> holder of parental authority (user under age 18) | <input type="checkbox"/> person appointed under an authorized temporary representation |
| <input type="checkbox"/> tutor to a minor | <input type="checkbox"/> person appointed under an homologated protection mandates | |

residing at _____

and reachable at the following phone number _____

or email address _____,

certify that this user is sufficiently autonomous to be left unattended at their destination, be it their home or any other destination, without assistance from another person and without risk to their health and safety or to that of others. I hereby authorize any STL paratransit driver to leave the user unattended at their destination.

In consideration of this authorization, I understand that the STL Paratransit Service driver will:

- ensure they are at the correct address
- accompany the user to the door
- ensure that the user has successfully entered their destination

This authorization is valid as long as the user is eligible for the STL Paratransit Service, unless I revoke the authorization in writing.

3. APPLICANT SIGNATURE

Attestation signed in

On

Year				Month		Day	

Signature

IMPORTANT: Any incomplete form will not be considered valid and will result in the user continuing to be attended to at their destination.

Send the completed form:

by email to

transportadapte@stl.laval.qc.ca

or

by mail to the following address

Société de transport de Laval

Paratransit Service

2250 av. Francis-Hugues, Laval, Quebec

H7S 2C3

SECTION RESERVED FOR THE STL

Verification of the contents of the form and confirmation of entry on file

Performed on:

Year				Month		Day	

The form is complete: ☐ Yes ☐ No and the applicant was informed on:

Year				Month		Day	

By: ☐ Email ☐ Mail ☐ Other: _____

First name, last name and title of the person who performed the verification and entered the information on file, if applicable:
