

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

Relocating outside the City of Laval: Authorization to release a paratransit service user's file to another public transit provider

1. USER IDENTIFICATION

Paratransit client #:

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

2. USER'S MOVING DATE AND NEW ADDRESS

Moving date:

Year	Month	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

New address:

Number	Street	Apartment #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Municipality		
<input type="text"/>		
Phone # (if changed)		Postal code
<input type="text"/>		<input type="text"/>

3. AUTHORIZATION OF APPLICANT

I, the undersigned, _____

user, identified in item 1, of the Société de transport de Laval (the "STL") Paratransit Service

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 | |

SECTION RESERVED FOR THE STL

Verification of the contents of the form and release of information to the organization identified in item 3

Verification of the contents of the form performed on:

Year						Month					Day			
------	--	--	--	--	--	-------	--	--	--	--	-----	--	--	--

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

Year						Month					Day			
------	--	--	--	--	--	-------	--	--	--	--	-----	--	--	--

By: Email Mail Other: _____

Information released to the organization on:

Year						Month					Day			
------	--	--	--	--	--	-------	--	--	--	--	-----	--	--	--

Method of communication: Email Mail Other: _____

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