

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

New address:

Number	Street	Apartment #
Municipality		
Phone # (if changed)	Postal code	

#### 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:

tutor to a person of full age

holder of parental authority  
(user under age 18)

person appointed under  
an authorized temporary  
representation

tutor to a minor

person appointed under an  
homologated protection mandates

residing at \_\_\_\_\_

and reachable at the following phone number \_\_\_\_\_

or email address \_\_\_\_\_,

authorize the STL to release to the following public transit provider:

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all information and documents contained in the file of the user identified in item 1, and held by the STL Paratransit Service. In this regard, I understand that as part of providing paratransit services, the STL has collected and retained in this file several pieces of personal information concerning this user (date of birth, contact information, medical information, etc.) and authorize the release of this information to the public transit provider identified above.

This authorization can be revoked before the release of the file to the public transit provider.

#### 4. APPLICANT SIGNATURE

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Authorization signed in

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On  Year  Month  Day

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Signature

**Send the completed form:**

by email to  
[transportadapte@stl.laval.qc.ca](mailto: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

**IMPORTANT: Any incomplete form will not be considered valid,  
and no information will be released to the public transit  
provider identified in item 3.**

## 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: \_\_\_\_\_

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: