

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 #
<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>	<div style="border-bottom: 1px solid black; height: 15px;"></div>
Municipality		
<div style="border-bottom: 1px solid black; height: 15px;"></div>		
Phone # (if changed)		Postal code
<div style="border-bottom: 1px solid black; height: 15px;"></div>		<div style="border-bottom: 1px solid black; height: 15px;"></div>

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:

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

Authorization signed in

On

Year			Month			Day		

Signature

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

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:

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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:
