

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

### Power of attorney and authorization to release information

*This form is intended for any user or legal representative of a paratransit service user who wishes to give a designated person the power to act on their behalf or on the behalf of the user with the STL. It includes an authorization to release information.*

#### 1. USER IDENTIFICATION

Paratransit client #:

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

#### 2. IDENTIFICATION OF DESIGNATED PERSON

First and last name (block letters): \_\_\_\_\_

Relationship to user identified in item 1: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

#### 3. POWER OF ATTORNEY AND AUTHORIZATION OF THE 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 designated person identified in item 2 (the “Designated Person”) to represent the user identified in item 1 (the “user”) in dealings with the STL Paratransit Service to perform the following action(s) (the “Mandate”):

- Book, modify, confirm or cancel a trip
  - Take steps in connection with a request submitted to the Customer Contact Center
  - Request a change to the user’s eligibility file
  - Perform any action in connection with the use of the paratransit service by the user
  - Other:
- 

As such, the Designated person will have the power to provide the STL with and to modify, for the user or their legal representative and on their behalf, any information or document required to carry out their Mandate. The Designated person will also have the power to participate in any communications with the STL concerning such information or documents.

I also authorize the STL to release to the Designated person any information or documents necessary for the execution of their Mandate. In this regard, I understand that as part of providing paratransit services, the STL has collected and retained several pieces of personal information concerning the user (date of birth, contact information, medical information, etc.) and authorize the release of this information when it is required to perform the Mandate.

This power of attorney and this authorization are valid as long as the user is eligible for the STL Paratransit Service, unless I revoke them in writing.

#### 4. SIGNATURE

Power of attorney and authorization signed in

\_\_\_\_\_

On 

Year	Month	Day

\_\_\_\_\_  
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 power of attorney and authorization will be granted to the person identified in item 2.**

### 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:

\_\_\_\_\_