Tribunal administratif du logement
Québec

Appearance Form – Lawyer

Record number

Application number

ADDRESS OF DWELLING IN QUESTION

No.	Street	Apt.	City / Municipality	Postal code

IDENTIFICATION OF THE LAWYER

Name of lawyer			Name of firm	
No.	Street	Office	City / Municipality	Postal code
Telephone (home)	Telephone (work)	Fax	Email	

WE ARE REPRESENTING:

☐ Lessor	☐ Lessee	☐ Other	(specify)	
Last name			First name	
No.	Street	Apt.	City / Municipality	Postal code
Phone (home)	Phone (work)	Fax	Email	

☐ Lessor	☐ Lessee	☐ Other	(specify)	
Last name			First name	
No.	Street	Apt.	City / Municipality	Postal code
Telephone (home)	Telephone (work)	Fax	Email	

Date of filing

Block letters

Signature

Year Month Day

Information clerk code