Tribunal administratif du logement
Québec

Unavailability

Record number(s)

Application number(s)

ADDRESS OF DWELLING IN QUESTION

No.	Street	Apt.	City / Municipality	Postal code

PERSON CONCERNED

☐ Lessor ☐ Lessee ☐ Other (specify)

Last name	First name

Please indicate the dates on which you are unavailable for the hearing of the above-mentioned file(s) and explain the reasons. If applicable, please attach supporting documents showing your unavailability.

If possible, the Tribunal will schedule the hearing at a time and date when the parties and their witnesses can be present without too much inconvenience to their ordinary occupations.

Date of filing

☐ Lawyer ☐ Other: _____

Year Month Day Block letters Signature

Year Month Day Block letters Signature

Information clerk code