

Record number

Application number

 57.0.1DL

 57.0.1N

ADDRESS OF DWELLING IN QUESTION

No.	Street	Apt.	Municipality	Postal code
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Beginning of lease

End of lease

Monthly rent

Year	Month	Day
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Year	Month	Day
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 Indeterminate term

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IDENTIFICATION OF LESSEES

Plaintiff 1

Last name		First name		
No.	Street	Apt.	Municipality	Postal code
Telephone (home)	Telephone (work)	Fax	Email	

Plaintiff 2

Last name		First name		
No.	Street	Apt.	Municipality	Postal code
Telephone (home)	Telephone (work)	Fax	Email	

GROUNDS AND REASONS FOR THE APPLICATION

Date of filing

 Lawyer

 Plaintiff(s)

Year	Month	Day	Block letters	Signature*
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Year	Month	Day	Block letters	Signature*
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Information clerk code

** I understand that my application is deemed to have been made under oath.*