Tribunal administratif du logement
Québec

Application for accessible documents

IDENTIFICATION OF PERSON REQUIRING ACCESSIBLE DOCUMENTS

Please print

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

FORMAT REQUIRED

- ☐ Large print
- ☐ Braille
- ☐ LSQ or ASL inset
- ☐ Audio format
- ☐ Electronic file
- ☐ Described video
- ☐ Video document in LSQ
- ☐ Captioning

DOCUMENT REQUESTED

☐ File No.: _____

☐ Document title and description: _____

_____

☐ Document date: _____ (Year) _____ (Month) _____ (Day)

Please indicate the applicant's needs and the obstacles he/she is facing:

The material will be sent:

☐ to the Tribunal administratif du logement office in: _____ (Office)

☐ by email: _____

☐ by regular mail to the address below:

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Date produced

_____ (Year) _____ (Month) _____ (Day)

_____ Name - Please print

Technician's code