



Information concerning placement on the roll (for use by lawyers only)

Record number

Application number

Contact information of the lawyer:

Last name:	First name:
Address:	
Telephone:	Fax:
Email:	

Contact information of the party you represent:

☐ Lessee ☐ Lessor ☐ Other: _____

Last name:	First name:
Address:	
Telephone:	Fax:
Email:	

WITNESSES

Indicate the number of:

_____ Ordinary witness
_____ Expert witness
_____ Municipal inspector
_____ Police officer
_____ Other

DURATION

Indicate the expected duration of the hearing: _____

Indicate any other information deemed relevant to placement on the roll:

I undertake to notify the Tribunal administrative du logement of any forthcoming settlement.

Year	Month	Day	(Name in block letters)	(Signature of the lawyer)
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Please mail OR fax this information sheet to:

MAILING ADDRESS:

Tribunal administratif du logement
5199, rue Sherbrooke Est
Bureau 2161
Montréal (Québec) H1T 3X1
Fax: 514 864-8077