

Record number

Application number

## ADDRESS OF DWELLING IN QUESTION

No.	Street	Apt.	Municipality	Postal code
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## IDENTIFICATION OF THE PERSON REQUESTING THE TRANSLATION

<input type="checkbox"/> Lessor	<input type="checkbox"/> Lessee	<input type="checkbox"/> Other (specify)		
Last name		First name		
No.	Street	Apt.	Municipality	Postal code
Telephone (home)	Telephone (work)	Fax	Email	

## DECISION TO BE TRANSLATED

<input type="checkbox"/> French to English	Decision number	_____		
<input type="checkbox"/> English to French	Date:	_____	_____	_____
		Year	Month	Day

<input type="checkbox"/> Send the translated decision to the following address:				
No.	Street	Apt.	Municipality	Postal code
Telephone (home)	Telephone (work)	Fax	Email	

I will pick up the translated decision at the Tribunal administratif du logement located at:

Address:

Comments:

Date of filing

### Attach the original decision with this form

\_\_\_\_\_  
Name in block letters

\_\_\_\_\_  
Signature

\_\_\_\_\_

Year      Month      Day