

Record numbers

If there are more than 6 cases, attach an appendix with the other record numbers.

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |

## ADDRESS OF DWELLING IN QUESTION

|     |        |      |              |             |
|-----|--------|------|--------------|-------------|
| No. | Street | Apt. | Municipality | Postal code |
|-----|--------|------|--------------|-------------|

Correction of contact information for:  Lessor  Lessee  Other (specify) \_\_\_\_\_

|           |            |
|-----------|------------|
| Last name | First name |
|-----------|------------|

## FORMER CONTACT INFORMATION

|                  |        |                  |              |             |
|------------------|--------|------------------|--------------|-------------|
| No.              | Street | Apt.             | Municipality | Postal code |
| Telephone (home) |        | Telephone (work) | Fax          | Email       |

## NEW CONTACT INFORMATION

|                  |        |                  |              |             |
|------------------|--------|------------------|--------------|-------------|
| No.              | Street | Apt.             | Municipality | Postal code |
| Telephone (home) |        | Telephone (work) | Fax          | Email       |

Correction of contact information for:  Lessor  Lessee  Other (specify) \_\_\_\_\_

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

## CHANGE OF ADDRESS

You must inform the Tribunal and the other parties without delay of any change of address during the proceeding.

A party who fails to give notice of his or her change of address may not apply for revocation of a decision rendered against that party by invoking the fact that he or she did not receive the notice of hearing if this notice was sent to the party's former address.

|                |
|----------------|
| Date of filing |
|----------------|

Plaintiff  Defendant  Other (specify) \_\_\_\_\_

|      |       |     |               |           |
|------|-------|-----|---------------|-----------|
| Year | Month | Day | Block letters | Signature |
|------|-------|-----|---------------|-----------|

|      |       |     |               |           |
|------|-------|-----|---------------|-----------|
| Year | Month | Day | Block letters | Signature |
|------|-------|-----|---------------|-----------|

Information clerk code