

For applicant's use

**IDENTIFICATION OF THE PERSON MAKING THE REQUEST**

Name	First name
Address (number, street, town)	Postal code
Telephone	
_____	_____
Residence	Work

**IDENTIFICATION OF THE ORGANIZATION TO WHOM THE REQUEST IS DONE**

Name of the Organization	
MILLE-ISLES MUNICIPALITY	
Adresse (numéro, rue, ville)	Code postal
1262, CHEMIN DE MILLE-ISLES, MILLE-ISLES, QUÉBEC	JOR 1A0
Téléphone 450-438-2958	

**IDENTIFICATION OF DOCUMENT REQUESTED**

(Title, author, subject, year of publication, etc.)

  
  
  
  
  
  
  
  
  
  

**PREFERRED CONSULTATION METHOD**

Consultation at the organization's offices

Or send a copy of the document

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**For use by the organization**

	A M J
Date of reception of application	_____
Deadline for reply to applicant	_____
Date of dispatch of the acknowledgment of receipt	_____
Date of communication of decision	_____
Analysis and decision:	

