

APPLICABLE AUX COURS MUNICIPALES

**REQUEST FOR AN ATTESTATION
 FOR THE PURPOSE OF RESILIATING A LEASE
 ON GROUNDS OF VIOLENCE OR SEXUAL ASSAULT**
 (1974.1 Civil Code)

SECTION 1														
NAME														
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname	First name												
How can you be reached? <input type="checkbox"/> At the appended address <input type="checkbox"/> Through the following person: <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. SURNAME: _____ FIRST NAME: _____														
Your current address [or the address of the person indicated above]														
No. and street		Apt.												
Municipality		Postal code												
Home telephone		Work telephone												
THE DWELLING FOR WHICH YOU ARE SEEKING THE RESILIATION														
1. Address														
No. and street		Apt.												
Municipality		Postal code												
2. The owner or owner's representative														
Surname		First name												
No. and street		Apt.												
Municipality		Postal code												
Telephone (home)		Telephone (work)												
3. Term of current lease														
<input type="checkbox"/> lease for an indeterminate term <input type="checkbox"/> lease of less than 12 months <input type="checkbox"/> lease of 12 months or more		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="3" style="text-align: center;">Start of lease</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;">year</td> <td style="width: 33%;">month</td> <td style="width: 33%;">day</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th colspan="3" style="text-align: center;">End of lease</th> </tr> </thead> <tbody> <tr> <td style="width: 33%;">year</td> <td style="width: 33%;">month</td> <td style="width: 33%;">day</td> </tr> </tbody> </table>	Start of lease			year	month	day	End of lease			year	month	day
Start of lease														
year	month	day												
End of lease														
year	month	day												
4. Are you the only person who has signed the lease with the owner?														
Yes <input type="checkbox"/>	No <input type="checkbox"/>													
	1. Who has also signed the lease with you as co-lessee? Surname: _____ First name: _____													
	2. What is your relationship with that person? <input type="checkbox"/> spouse <input type="checkbox"/> ex-spouse <input type="checkbox"/> other (state): _____													
5. Attach a copy of the lease														

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**SECTION 2
DESCRIPTION OF THE FACTS**

Describe the acts of violence or sexual aggression that motivate your request.

Do not fill in this section if
the situation or facts you
describe have been
reported to the police

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AUTHORIZATION

I, the undersigned, hereby authorize the criminal and penal prosecutor to communicate or receive personal information about me that is relevant to the processing of my request.

Name of declarant

OATH OR SOLEMN AFFIRMATION

I, the undersigned, _____
Name of declarant

declare under oath (or solemnly affirm) that the facts set out in this request are true.

Declarant

Declared under oath (or solemnly affirmed) before me

At

This

Name of Commissioner for oaths