



REQUEST FOR AN EVENT REPORT

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

PLAINTIFF				
I AM THE PLAINTIFF IN THE EVENT : <input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> I AM THE OWNER (DAMAGES TO PROPERTY)				
<input type="checkbox"/> OTHERS –IF YOU ARE OTHER THAN THE PLAINTIFF OR VICTIM, A WRITTEN CONSENT OF THE PERSON CONCERNED IS REQUIRED.				
FAMILY NAME			GIVEN NAME	
CIVIC NUMBER	STREET	APARTMENT	TOWN	POSTAL CODE
HOME PHONE NUMBER		WORK PHONE NUMBER		CELL PHONE NUMBER
EVENT NUMBER OR CALL HISTORY (IF UNKNOWN, PROVIDE BIRTH DATE yyyy-mm-dd)				
TYPE OF EVENT				EVENT DATE (yyyy-mm-dd)
PRECISE LOCATION OF THE EVENT				
PURPOSE OF YOUR REQUEST				
PETITIONER'S SIGNATURE				DATE (yyyy-mm-dd)

ENCLOSE :

1. A CHEQUE OR POSTAL MONEY ORDER IN THE AMOUNT OF \$15.75 MADE TO THE ORDER OF : VILLE DE MONTRÉAL.
2. A COPY OF AN IDENTITY DOCUMENT ISSUED BY A GOVERNMENT, FOR EXAMPLE A HEALTH INSURANCE CARD, DRIVERS' LICENSE OR PASSPORT. THE ID MUST HAVE YOUR SIGNATURE AND PHOTO. THE COPY MUST BE EASILY READABLE.

FORWARD YOUR REQUEST TO :

SPVM
Section des archives et de l'accès à l'information
5000, rue d'Iberville B 135
Montréal, Québec H2H 2S6
Téléphone : 514 280-2970