

REQUEST FORM FOR ACCESS TO PERSONAL INFORMATION, FOR RECTIFICATION OF PERSONAL INFORMATION OR FOR DELETION FROM A NOMINATIVE LIST

☐ Request for access to administrative information		
Request for access to personal information (Art. 27 ARPPIPS)		
☐ Request for rectification of personal information (Art. 28 or 30 ARPPIPS)		
☐ Request for removal from a nominative list (Art. 28.1 ARPPIPS)		
I,[name of the person concerned], wish:		
\square To receive a copy of all documents concerning me, including those mentioned below:		
\square That you correct or rectify the following personal information about me:		
$\hfill\Box$ That you remove from the nominative list that you hold and use the following personal information about me:		
The reasons for this request are as follows (attach any supporting documents):		
The information will be sent to:		
To the person concerned $\ \Box$ To the representative (please complete the back side) $\ \Box$		
Signed by [name of person concerned]:		
Signature : Date :		

I enclose a copy of my identity document and proof of address (including an identity document issued by the government of my country of citizenship) (Art. 30 ARPPIPS).



TO BE FILLED IN IF THE INFORMATION IS TO BE SENT TO THE REPRESENTATIVE

Written authorization to transmit information from the person concerned to the authorized representative

I hereby authorizerepresentative) to request access to my personal information.	_ (fill in the name of the authorized
representative, to request decess to my personal information.	
Signature of person concerned :	
Name:	
Confirmation by the authorized representative of the person cond	cerned
Name of authorized representative and address where personal inf	formation should be sent:
Signature :	
Name :	
Date:	
*** If the party represented hereby fails to sign, it is possible that y	ou are an authorized representative

*** If the party represented hereby fails to sign, it is possible that you are an authorized representative by virtue of a valid power of attorney or an appointment of an assistant of legal age. Please attach a copy of this document.

Please return this request to Monique Laplante at the email address monique@chateaupierrefonds.com or at the mailing address: Château Pierrefonds, 15928 Gouin West, Sainte-Geneviève, Quebec, H9H 1C8