

## Authorization, power of attorney, or revocation

This form is intended for all those wishing to give authorization or power of attorney to a designated person for access to personal information or documents that the Ministère de la Sécurité publique (MSP) holds concerning them or to enable the designate to act in their name with the MSP. It is also intended for all those wishing to revoke a previously signed authorization or power of attorney. However, the same form cannot be used both to grant and revoke authorization or power of attorney. Separate forms must be completed, i.e. one form per action requested.

Summer and first name       File number         Address (number, street, apartment)       Province       Pastal code       Tel. No. (residence)       -         Street       > Identification of the designate Note - If the designated person is a construction contractor, complete this section, and then proceed to section 4.       -         Summer and first name       Name of company (if applicable)       -         Address (number, street, apartment)       Email address         City, town, village, or municipality       Province       Pastal code       Tel. No. (residence)	Section 1 – Identification of the disaster victim								
City, town, village, or municipality       Province       Postal code       Tel. No. (rither)	Surname and first name					File number	File number		
Image: section 2 - Identification of the designate Note - If the designated person is a construction contractor, complete this section, and then proceed to section 4.           Sumame and first name         Name of company (if applicable)           Address (number, street, apartment)         Email address           City, town, village, or municipality         Province           Postal code         Tel. No. (other)           Section 3 - Choice of the disaster victim         Tel. No. (other)           Section 3 - Choice of the disaster victim         Tel. No. (other)           Section 3 - Choice of the disaster victim         Tel. No. (other)           Section 3 - Choice of the disaster victim         Tel. No. (other)           Section 3 - Choice of the disaster victim         Tel. No. (other)           Section 3 - Choice of the disaster victim revokes it in section 6.         The authorization or power of attorney remains in force during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 1.           Imate and finite and signated person whose name appears in section 2, information or documents on file whose number is entered in section 1.           Imate and the SP at increasing documents to process my file.           Section 4 - Authorization when the designated person son is a construction contractor (see section 2, information or documents on file whose number is entered in section 1, only for the work for whitch the said person is authorized to revoke at the entire	Address (number, street, apartment)								
Interview         Tel. No. (other)         -           Section 2 - Identification of the designate Sumane and first name         Name of compary (f applicable)         -           Sumane and first name         Name of compary (f applicable)         -           Address (number, street, apartment)         Email address         -           City, town, village, or municipality         Province         Postal code         Tel. No. (residence) Tel. No. (other)         -           Section 3 - Choice of the disaster victim         Tel. No. (other)         -         -         -           Section 3 - Choice of the disaster victim         Tel. No. (other)         -         -         -           Section 3 - Choice of the disaster victim revokes it in section 5.         -	City, town, village, or municipality		Province		Postal code			_	
Note - If the designated person is a construction contractor, complete this section, and then proceed to section 4.           Sumame and first name         Name of comparty (if applicable)           Address (number, street, apartment)         Email address           City, town, village, or municipality         Province         Postal code         Tel. No. (residence)           Section 3 - Choice of the disaster victim         Postal code         Tel. No. (residence)         Tel. No. (residence)           Section 3 - Choice of the disaster victim         Postal code         Tel. No. (residence)         Tel. No. (residence)           Comparity (if applicable)         Postal code         Tel. No. (residence)         Tel. No. (residence)           Section 3 - Choice of the disaster victim         Postal code         Tel. No. (residence)         Tel. No. (residence)           Section 3 - Choice of the disaster victim revokes it in section 5.         The authorization if Nore during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 1.         Power of attorney           Indiad         I authorization NBP to provide, on request, to the designated person whose name appears in section 1. As such, said person is authorized, notably, to receive all written communication in connection with my file, receive phone calls from MSP representatives, make choices regarding financial assistance file whose number is entered in section 1. As such, said person is authorized, notably, to receive all writ								-	
City. town, viliage, or municipality       Province       Pestal code       Tel. No. (residence)         Sectior J - Choice of the disaster victim         Choose one of the following two options, initial it, then sign section 6.         The authorization or power of attorney remains in force during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.         Authorization       I authorize the MSP to provide, on request, to the designated person whose name appears in section 2, information or documents on file whose number is entered in section 1.         Power of attorney       I authorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the colocuments on file whose number is entered in section 1.         Instant       I authorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the colocuments or my fine and assistance (compensation, departure allowance, moving of my financial assistance (compensation, departure allowance, moving of my main residence, etc.), and transmit to the MSP all necessary documents to processing of the file, i.e. until its closure, except when it becomes impossible to executer when the disaster victim revokes it in section 5.         Complete this section, initial it, then sign section 6.       The authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to executer whose name appears in section 1, only for the work for which the said person is reported in section 5.         I heauthorization <th colspan="9">Note – If the designated person is a construction contractor, complete this section, and then proceed to section 4.</th>	Note – If the designated person is a construction contractor, complete this section, and then proceed to section 4.								
Image:           Image:	Address (number, street, apartment) Email address								
Choose one of the following two options, initial it, then sign section 6.   The authorization or power of attorney remains in force during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.   Authorization   Initial   authorize the MSP to provide, on request, to the designated person whose name appears in section 2, information or documents on file whose number is entered in section 1.   Power of attorney   I authorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the entire processing of my financial assistance file whose number is entered in section 1. As such, said person is a uthorized, the MSP at necessary documents to processing of the file, i.e. until its closure, except when it becomes inposible to execute or when the designated person sis a construction contractor (see section 2)   Section 4 - Authorization when the designated person is a construction contractor whose name appears in section 5.   Authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.   Authorization   I authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.   Section 5 - Revocation   I authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the closure victim revokes it in section 5.   I authorization remains in effect during the entire processing of the file,	City, town, village, or municipality		Province		Postal code	(residence)			
The authorization or power of attorney remains in force during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.   Authorization   Initials   I authorize the MSP to provide, on request, to the designated person whose name appears in section 2, information or documents on file whose number is entered in section 1.   Power of attorney   I authorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the entire processing of my financial assistance file whose number is entered in section 1. As such, said person is authorized, the MSP all necessary documents to process my file.   Section 4 - Authorization when the designated person is a construction contractor (see sector 2)   Complete this section, initial it, then sign section 6.   The authorize the MSP to provide, on request, to the designated construction contractor when the disaster victim revokes it in section 5.   Authorization   I authorize the MSP to provide, on request, to the designated construction contractor when the based person is a construction contractor when the said person is nection 2, information or documents on file whose number is entered in section 1, only for the work for which the said person is responsible.   REQ number of the contractor:   Section 5 - Revocation   I hereby wish to revoke   the authorization or power of attorney given to:   Signature of the disaster victim:	Section 3 – Choice of the disaster victim								
Initials       I authorize the MSP to provide, on request, to the designated person whose name appears in section 2, information or documents on file whose number is entered in section 1.         Image: Power of attorney       I authorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the entire processing of my financial assistance file whose number is entered in section 1. As such, said person is authorized, notably, to receive all writen communication in connection with my file, receive phone calls from MSP representatives, make choices regarding financial assistance (compensation, departure allowance, moving of my main residence, etc.), and transmit to the MSP all necessary documents to process my file.         Section 4 - Authorization when the designated person is a construction contractor (see section 2)       Complet this section, initial it, then sign section 6.         The authorize the MSP to provide, on request, to the designated construction contractor whose name appears in section 2, information or documents on file whose number is entered in section 1, only for the work for which the said person is responsible.         Image: RBQ number of the contractor:         Section 5 - Revocation         Complet this section only if you wish to revoke authorization or power of attorney.         I hereby wish to revoke       the authorization or power of attorney.         I hereby wish to revoke       the authorization or power of attorney.         I hereby wish to revoke       the authorization or power of attorney.         I hereby wish to revoke       the authorization or power of attorney.	The authorization or power of attorney remains in force during the entire processing of the file, i.e. until its closure, except when it								
Image: documents on file whose number is entered in section 1.       Power of attorney         Image: lauthorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the entire processing of my financial assistance file whose number is entered in section 1. As such, said person is authorized, to receive all written communication in connection with my file, receive phone calls from MSP representatives, make choices regarding financial assistance (compensation, departure allowance, moving of my main residence, etc.), and transmit to the MSP all necessary documents to process my file.         Section 4 - Authorization when the designated person is a construction contractor (see section 2)         Complete this section, initial it, then sign section 6.         The authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.         Image:		Authorization							
I authorize the designated person whose name appears in section 2 to act on my behalf and represent me with the MSP for the entire processing of my financial assistance file whose number is entered in section 1. As such, said person is authorized, notably, to receive all written communication in connection with my file, receive phone calls from MSP representatives, make to the MSP all necessary documents to process my file.         Section 4 - Authorization when the designated person is a construction contractor (see section 2)         Complete this section, initial it, then sign section 6.         The authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.         Authorization         I authorize the MSP to provide, on request, to the designated construction contractor whose name appears in section 2, information or documents on file whose number is entered in section 1, only for the work for which the said person is responsible.         RBQ number of the contractor:         Section 5 - Revocation         Complete this section only if you wish to revoke authorization or power of attorney given to:         Signature of the disaster victim:         Date:         Section 6 - Signature of the disaster victim and the designated	Initials								
Initials       entre processing of my financial assistance file whose number is entered in section 1. As such, said person is authorized, nchoices regarding financial assistance (compensation, departure allowance, moving of my main residence, etc.), and transmit to the MSP all necessary documents to process my file.         Section Authorization when the designated person is a construction contractor (see section 2)         Complete this section, initial it, then sign section 6.         The authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.         Imitals       Authorization         Initials       I.authorize the MSP to provide, on request, to the designated construction contractor whose name appears in section 2, information or documents on file whose number is entered in section 1. As such, said person is authorized, not documents on file whose number is entered in section 1.         RBQ number of the contractor:       Section 5 - Revocation         Complete this section only if you wish to revoke authorization or power of attorney.         I hereby wish to revoke       the authorization or power of attorney given to:         Signature of the disaster victim:       Date:         Signature of the disaster victim:       Date:		Power of attorney							
(see section 2)   Complet this section, initial it, then sign section 6.   The authorization remains in effect during the entire processing of the file, i.e. until its closure, except when it becomes impossible to execute or when the disaster victim revokes it in section 5.   □ Authorization   □ I authorize the MSP to provide, on request, to the designated construction contractor whose name appears in section 2, information or documents on file whose number is entered in section 1, only for the work for which the said person is responsible.   RBQ number of the contractor:   Section 5 - Revocation   Complete this section only if you wish to revoke authorization or power of attorney.   I hereby wish to revoke   the authorization or power of attorney given to:   Signature of the disaster victim:   Date:   Signature of the disaster victim:	Initials	entire processing of my financial assistance file whose number is entered in section 1. As such, said person is authorized, notably, to receive all written communication in connection with my file, receive phone calls from MSP representatives, make choices regarding financial assistance (compensation, departure allowance, moving of my main residence, etc.), and transmit							
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Section 5 - Revocation   Complete this section only if you wish to revoke authorization or power of attorney.   I hereby wish to revoke   the authorization or power of attorney given to:   Signature of the disaster victim:   Date:   Signature of the disaster victim:   Date:	Initials	information or documents on file whose number is entered in section 1, only for the work for which the said person is							
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I hereby wish to revoke       the authorization or power of attorney given to:         Signature of the disaster victim:       Date:         Section 6 – Signature of the disaster victim and the designate       Date:         Signature of the disaster victim:       Date:	Section 5 – Revocation								
Signature of the disaster victim:       Date:         Section 6 - Signature of the disaster victim and the designate       Date:         Signature of the disaster victim:       Date:	Complete this section only if you wish to revoke authorization or power of attorney.								
Section 6 – Signature of the disaster victim and the designate         Signature of the disaster victim:    Date:	I hereby wish to revoke the authorization or power of attorney given to:								
Signature of the disaster victim: Date:	Signature of the disaster victim:					Date:			
	Section 6 – Signature of the disaster victim and the designate								
Signature of the designate: Date:	Signatur	e of the disaster victim:			Date:	Date:			
	Signatur	e of the designate:				Date:			

Direction générale du rétablissement — Ministère de la Sécurité publique

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