

## 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.

### Section 1 – Identification of the disaster victim

Surname and first name		File number			
Address (number, street, apartment)					
City, town, village, or municipality	Province	Postal code	Tel. No. (residence)		-
			Tel. No. (other)		-

### Section 2 – Identification of the designate

**Note** – If the designated person is a construction contractor, complete this section, and then proceed to section 4.

Surname and first name		Name of company (if 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

**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.

<input type="checkbox"/>	<b>Authorization</b>
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.
<input type="checkbox"/>	<b>Power of attorney</b>
Initials	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 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.

<input type="checkbox"/>	<b>Authorization</b>
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, <b>only for the work for which the said person is responsible.</b>
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:
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### Section 6 – Signature of the disaster victim and the designate

Signature of the disaster victim:	Date:
Signature of the designate:	Date: