

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		
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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.								
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	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

455, rue du Marais, bureau 100, Québec (Québec) G1M 3A2 Téléphone : 418 643-2433 (sans frais : 1 888 643-2433) — Télécopieur : 418 643-1941 (sans frais : 1 866 251-1983)