

CANADA
PROVINCE OF QUEBEC
DISTRICT OF JOLIETTE

COMMON MUNICIPAL COURT
OF THE CITY OF JOLIETTE

File number :

NOTICE OF CHANGE OF ADRESS

I am :

- The defendant in the case mentioned above
 A witness in the case mentioned above

You will find hereafter my new address:

[Number, street] : _____

[P.o. box, apartment #] : _____

[City, province, country, postal code] : _____

Phone number home : _____

work : _____

E-mail adress : _____

DECLARATION

Please register your name and first name.

Signatory's last name

Signatory's first name

Date of birth

I declare that all information provided on the form is accurate and complete.

DATE

x

SIGNATURE

This form can be returned by mail to the following address :

Cour municipale commune de la Ville de Joliette

19, rue Saint-Charles-Borromée Sud, Joliette (Québec) J6E 4S8

Ou par fax : 450-753-8121

Ou by e-mail : cour.municipale@ville.joliette.qc.ca (scanned and signed copy)