INTERROGATORY BY VIRTUE OF ARTICLE 543

OR REVENUE (with the name of the employer).		
	THE AGREEMENT WILL NOT LIFT A SUSPENSION ON YOUR PERMIT. LAST NAME:	
	FIRST NAME :	
Section A	ADDRESS:	
	TOWN & POSTAL CODE :	
	Date of birth :	
	Phone at home : 450 ou 514	
	Phone at work : 450 ou 514	
	Email :	
	Owner : Renter :	
	Since when ?:	
	Total amount of the rent or mortgage :\$	
	Name of the owner:	
	Phone nº :	_
	M. H. A. DDENHOUS ADDDESS	
	If less than 1 year – PREVIOUS ADDRESS :	
	EMDI OVED	
Section B	<u>EMPLOYER</u>	
	Name of the company :	
	Address	
	Position held :	_
	Since when have you worked there ? :	_
	Salary: \$ per week	
	Contact :	Phone no:
	If less than 1 year – PREVIOUS EMPLOYER :	
Section C	NUMBER OF DEPENDENTS	
	Number of dependents :	
	Spousal support received/payed :	\$
	Child benefit allowance :	\$
	□ WELFARE / UNEMPLOYMENT	
	WELFARE / UNEMFLOTMENT	
Section D	Amount per month : \$	
Section 2	Beneficiary number :	
		_
CAR		
Section E	Make :	Year:
Section E		<u> </u>
	Creditor : Monthly payment :	End of payments :
	BANK	ID 4000III:=
	PAYMENT WILL NOT BE AUTOMATICALLY TAKEN FROM YOU	JR ACCOUNT
Costin T	Name and address of the bank :	
Section F	Address:	
	Folio : Loan : \$ Terms :	
	Loan . Terms .	-
	I declare that all the information given is true.	
	Signed, in Châteauguay, on	
		<u> </u>
		<u> </u>
	Signature	

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