INTERROGATORY BY VIRTUE OF ARTICLE 543

OR REVENUE (with the name of the employer).
THE AGREEMENT WILL NOT LIFT A SUSPENSION ON YOUR PERMIT.

Section A

LAST NAME : _____
FIRST NAME : _____
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 : ☐ 450 ou 514 ☐ _____

If less than 1 year – PREVIOUS ADDRESS : _____

Section B

EMPLOYER

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 : _____ $

Section D

☐ **WELFARE / UNEMPLOYMENT** ☐

Amount per month : _____ $
Beneficiary number : _____

Section E

CAR

Make : _____ Model : _____ Year : _____

Creditor : _____ Monthly payment : _____ End of payments : _____

Section F

BANK

PAYMENT WILL NOT BE AUTOMATICALLY TAKEN FROM YOUR ACCOUNT

Name and address of the bank : _____
Address : _____
Folio : _____
Loan : _____ $ Terms : _____

I declare that all the information given is true.

Signed, in Châteauguay, on _____

_____
Signature

Email: cour.municipale@ville.chateauguay.qc.ca

Fax : 450-698-3259