



POWER OF ATTORNEY

FILE

OWNER'S INFORMATION

LAST NAME		FIRST NAME	
COMPLETE ADDRESS		CITY	
BIRTH DATE YEAT MONTH DAY	DRIVING LICENCE NUMBER		
OWNER'S SIGNATURE	DATE	CITY	

REPRESENTATIVE'S INFORMATION

LAST NAME		FIRST NAME	
COMPLETE ADDRESS		CITY	
BIRTH DATE YEAT MONTH DAY	DRIVING LICENCE NUMBER		
OWNER'S SIGNATURE	DATE	CITY	

VEHICULE INFORMATION

BRAND	MODEL
YEAR	LICENCE PLATE NUMBER

A PHOTOCOPY OF THE OWNER'S ID CARD IS REQUIRED.

PLEASE RETURN TO THE FOLLOWING E-MAIL ADDRESS : AGC.FOURRIERE@LAVAL.CA