

CITIZEN OR MUNICIPAL ADMINISTRATOR REQUEST

9	WIEDNIE S							Reque	est number (for police service	e only)	
Date of request (yyyy-mm-dd) Municipality												
Name of unit				Email address								
1					ΔΡΡΙ	ICANT						
1. APPLICANT												
Request submitted by: Citizen Municipal administrator Other applicant (specify): 1.1 CONTACT INFORMATION OF THE PERSON MAKING THE REQUEST												
Surname, given name												
Add	ress (number, street, apa	rtment, town, vi	llage or municipalit	()				F			ostal code	
Telephone Cellular phone			Fax Email address									
Request received Does the applicant want feedback? Yes No If so, how?												
1.2	CITIZEN WITNES	S AT THE C	RIGIN OF TH	E REQUE	ST (if transmitte	d by a municipal a	administra	ator)				
Surr	name, given name					Email addre	ess					
Address (number, street, apartment, town, village or municipality)							Postal code			Te	Telephone	
Doe	s the citizen witness	want feedb	ack?	Yes [No If	so, how?				I		
_				IDENT	IEIOATION		FOLIE	OT.				
2.				IDENT	IFICATION	OF THE R	EQUE	ST				
туре	e of request											
Location (place where the event leading to the request took place)												
Dav	s of the week							Т	ime of dav/ni	ght (e.g. betwee	en 7 :00 and 8 :0	0)
_	Monday Tuesd	ay 🗌 We	dnesday 🗌	Thursday	Friday	Saturday	Sur	nday	0. 44,	g (e.g. 2000		
Description (nature of the request)												
3.		DES	SCRIPTION	OF THI	E PERSON	REFERRE	D TO	IN TH	E REQUE	ST		
3.1												
Phy	sical description (e.g.	gender, age, h	eight, weight, distin	iguishing featu	ires)							
3.2											Condor	
	Surname, given name Gender									П ғ		
1	Address or residential area											
	Age (or date of birth) Physical description											
	Surname, given name Gender											
2	Address or residential area											
	Age (or date of birth) Physical description											
4.			D	ESCRIP	TION OF T	HE VEHICI	LE (if ap	oplicable)				
Type of vehicle				Make				N	lodel			
Colo	bur			Shade Light	☐ Dark	Size Small	П Ме	edium	Large	Licence plat	te	n/a
Dieti	inguishing features									<u> </u>		

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 Original version in French.

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REQUEST FOLLOW-UP

FOR POLICE SERVICE ONLY

5.			VALIE	ATION					
Person in charge			Municipality li	aison officer notified	Validation (yyyy-mm-dd)				
			Yes	☐ No	from	to			
ACTIONS TAKEN DUR	ING THE VALI	DATION							
Date	Started at	Ended at	Badge number	Actions/results					
(yyyy-mm-dd)	(hh:mn)	(hh:mm)							
				Contact with	the applicant (by telephone or in person)			
Note: Attach the SQ-30	94A-Annex forn	n, if needed.							
Request founded If so, was the request solved?									
Yes No		☐ Yes	☐ No						
Comments (e.g. actions take	en, infrastructure issi	ue)							
<u> </u>				000					
If request not solved b	out founded, pr		PARL or by A		ch to problem-solving) (attach				
Priority		Activity		Deadlin	e 1 (yyyy-mm-dd)	Deadline 2 (yyyy-mm-dd)			
Comments									
6			-ACCOLH	ITABILITY					
6.			ACCOUN	ITABILITY					
Feedback to the applica	l —					_			
Oui Non Citizen Municipal administrator Municipal administrator and citizen witness Other applicant									
Means used for feedbac	ck to citizen or c	itizen witness	Me	ans used for feedba	ck to municipal adminis	trator or other applicant			
Ву	<u> </u>				Badge number	Date (yyyy-mm-dd)			
Comments of the applicant									
7.			RE	/IEW					
Reviewed by					Badge number	Date (yyyy-mm-dd)			

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