





Indemnisation  
des victimes  
d'actes criminels

DIRECTION GÉNÉRALE DE L'INDEMNISATION  
DES VICTIMES D'ACTES CRIMINELS  
APPLICATION FOR RECONSIDERATION

**AUTHORIZATION FOR REPRESENTATION**

I hereby authorize the person mentioned below to represent me in my application for reconsideration. This person may access any information about my application for reconsideration and may discuss any matter related thereto. Accordingly, I authorize the Direction générale de l'IVAC to disclose to my representative any information in this file.

Identification of the representative		
Surname (as shown on birth certificate)	First name	IVAC File No. <input type="text"/>
Firm		
Address (number, street, apt.)		
City		
Province/State		Postal code <input type="text"/>
Telephone <input type="text"/>	Telephone (other) <input type="text"/>	E-mail <input type="text"/>

Signature of claimant	Date
<input type="text"/>	<input type="text"/>

**Please print this form and send it to the Direction générale de l'IVAC at:**

Direction générale de l'indemnisation des victimes d'actes criminels  
1199, rue De Bleury  
P.O. Box 6056, Centre-Ville Branch  
Montréal (Québec) H3C 4E1  
Fax: 514 906-2937