

**REQUEST A REVIEW FOR A DECISION ISSUED BY THE PARITY COMMITTEE FOR THE BUILDING SERVICE,
MONTREAL REGION**

IDENTIFICATION OF THE APPLICANT

NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____

TELEPHONE: _____ OTHER TEL.: _____

EMAIL: _____

I AM AN EMPLOYER or I AM AN EMPLOYEE

REFERENCE NUMBERS (IF NEEDED)

NO OF INSPECTION _____ NO OF CLAIM _____ NO OF EMPLOYER _____

INFORMATION ABOUT THE REVIEW REQUEST

DATE OF THE DECISION ISSUED BY THE PARITY COMMITTEE: _____

MOTIVES FOR THE REVIEW REQUEST: _____

LIST OF ATTACHED DOCUMENTS

SIGNATURE : _____ DATE : _____

This form along with the pertinent documents must be submitted within the 30 days following the contested decision, to the attention of the General Director, by email to info@cpeep.qc.ca or by mail at 4351, d'Iberville Street, Montreal (Quebec) H2H 2L7