



Suicide Prevention
Centre of Montreal

City, date : _____

Name of the responsible person in the enterprise

Susana Machado

Suicide Prevention Centre of Montreal

2345 Bélanger, Montréal Québec H2G 1C9

admin@suicideactionmontreal.qc.ca

SUBJECT : Request for access to personal information

Dear Sir or Madam,

(Briefly explain the situation or context and specify, if applicable, the name of the enterprise holding the documents containing personal information concerning you).

Under section 27 of the Act respecting the protection of personal information in the private sector, I hereby request a copy of all documents concerning me : (indicate the documents concerning you that you wish to obtain).

Thank you for your assistance in this matter.

Sincerely,

Signature : _____

Last name, first name : _____

Address : _____

Tel.(day): (_____) _____