

This application must be filled out by the municipality having delivered the permit which is the subject of this refund application, except for Section C which must be filled out and signed by the applicant. The electronic version of this application so filled out as well as the copy signed by the applicant must be sent by email, together with justifying documents required, at the following address: [redevancestransport@artm.quebec](mailto:redevancestransport@artm.quebec)

Within 15 business days following receipt, ARTM will notify the municipality that :

- a) the application is complete and compliant and that the refund procedure is underway ;
- or
- b) information or justifying documents are missing to complete the application.

The refund will be issued by ARTM to the applicant whose name and banking coordinates are set out in the application. It is the responsibility of the municipality to ensure that the applicant under this application is the debtor of the transportation dues, or the holder of a power of attorney issued in the applicant's name by the debtor of the transportation dues.

**A Reason for refund application**

Check the reason for the refund application .

Reason 1 - Permit was cancelled	<input type="checkbox"/>
Reason 2 - Reduction of the floor area of the building	<input type="checkbox"/>
Reason 3 - Administrative error	<input type="checkbox"/>
Reason 4 - Other:	<input type="checkbox"/>

If other, please specify:

**B Information regarding the permit**

Municipality having issued the permit \_\_\_\_\_

Date of issuance of permit \_\_\_\_\_

Permit number \_\_\_\_\_

Civic number \_\_\_\_\_

Street \_\_\_\_\_

Direction \_\_\_\_\_

Appartment/Suite \_\_\_\_\_

Amount of the transportation dues collected \_\_\_\_\_


Is the applicant under this refund application the debtor of the transportation dues?

*If not: Please attach to this application a copy of the power of attorney issued in the name of the applicant by the debtor of the transportation dues*

**C Banking coordinates of the applicant (to be completed by the applicant)**

The following coordinates will be used by ARTM to complete the wire transfer

First Name (not required if the applicant is a legal person)	_____	<input type="checkbox"/>
Last Name	_____	<input type="checkbox"/>
Address of the applicant	_____	<input type="checkbox"/>
Name of the financial institution	_____	<input type="checkbox"/>
Address of the financial institution	_____	<input type="checkbox"/>
Transit Number	_____	<input type="checkbox"/>
Institution Number	_____	<input type="checkbox"/>
Account Number	_____	<input type="checkbox"/>
SWIFT Code	_____	<input type="checkbox"/>

By its signature, the applicant attests that the banking coordinates are true and correct.

Signature of applicant \_\_\_\_\_ Date of signature \_\_\_\_\_

**Reason 1 - Permit cancellation**

Please attach the following documents:

- Form relating to the By-law regarding transportation dues respecting the Réseau express métropolitain or Schedule E filled out and verified by the municipality.
- Copy of the document evidencing the cancellation of the permit.
- Power of attorney authorizing a third party to act on behalf of the applicant, if applicable.


**Amount of refund requested:**

ATTESTATION

The municipality attests that: 1) the amount of the refund corresponds to the amount of transportation dues paid for the issuance of the permit; 2) the permit has been cancelled; and 3) the identity of the applicant has been confirmed.

First and last name of the authorized public servant

Office or function held by the authorized public servant

Signature of authorized public servant

Date of signature

**Reason 2 - Reduction in floor area of the building**

Please attach the following documents:

- Form relating to the By-law regarding transportation dues respecting the Réseau express métropolitain or Schedule E filled out and verified by the municipality.
- Copy of the modified permit. The plans must show that the floor area subject to transportation dues is smaller than that used for the computation of the transportation dues amount.
- Power of attorney authorizing a third party to act on behalf of the applicant, if applicable.


**Amount of refund requested:**

ATTESTATION

The municipality attests that the floor area subject to this refund application: 1) has previously been subject to the payment of transportation dues; 2) has been confirmed by it; and 3) the identity of the applicant has been confirmed.

First and last name of the authorized public servant

Office or function held by the authorized public servant

Signature of authorized public servant

Date of signature

**Reasons 3 and 4 - Administrative error and other reasons**

Please attach the following documents:

- Form relating to the By-law regarding transportation dues respecting the Réseau express métropolitain or Schedule E filled out and verified by the municipality.
- Power of attorney authorizing a third party to act on behalf of the applicant, if applicable.


Please describe the reason for the refund, specifying the cause of the error giving rise to the refund application.

**Amount of refund requested:**

ATTESTATION

The municipality attests: 1) having made necessary verifications to ensure the correctness of the refund amount request; and 2) having confirmed the identity of the applicant.

First and last name of the authorized public servant

Office or function held by the authorized public servant

Signature of authorized public servant

Date of signature

**D Coordinates of the debtor of the transportation dues**

The following information are required to identify the debtor of the transportation dues

First Name (not required if the applicant is a legal person)	
Name	
Address of the debtor of the transportation dues	

**E Check list**

**Before filing your application electronically, please ensure to enclose the following:**

- a) Filled out electronic form;
- b) Scanned copy of the form signed by the authorized public servant and the applicant, or the third party authorized to act on its behalf;
- c) Copy of the Form relating to the By-law regarding transportation dues respecting the Réseau express métropolitain or Schedule E filled out and verified by the municipality;
- d) Copy of the power of attorney authorizing a third party to act on behalf of the debtor of the transportation dues, if applicable.

**Please also enclose the following justifying documents, depending on the reason for the refund application:**

- e) Copy of the document attesting the cancellation of the permit (reason 1);
- f) Copy of the modified permit (reason 2).