

**Request for payment
of a contested claim**_____
Municipality_____
Date

Élections Québec
3460, rue de La Pérade
Québec (Québec) G1X 3Y5

Subject: Request for payment of a contested claim_____
Name of candidate or party and, where applicable, electoral divisionPoll date: _____
Date

Dear Mr., Ms.;

The statement of contested claims attached to the return of election expenses or return of campaign

income and expenses of _____ prepared by
Name of candidate or party_____ includes the following contested claim:
Name of official agent or financial representative_____
Name, address and telephone number of creditor

Invoice number: _____ Date of invoice: _____

Invoice amount: _____ Amount contested: _____

This claim has been contested for the following reason: _____
_____This claim should not have been contested for the following reason: _____

Therefore, I ask your permission to pay the claim in the amount of _____\$.

I, the undersigned, _____, residing at
Name of official or financial representative_____
Full address

declare that I am the applicant and official or financial representative and that all alleged contraventions in this application are true and accurate.

Signed in _____, on _____
Municipality Date_____
Signature of official or financial representative