

## REQUEST A CHANGE IN REGISTRATION IN THE ROLL OF PERCEPTION

☎ 514 384-5034

☎ 514 477-7000 EXT. 1830

Fax: 514 477-7027

Email: [taxe.scolaire@cstrois-lacs.qc.ca](mailto:taxe.scolaire@cstrois-lacs.qc.ca)

### PLEASE COMPLETE AND RETURN

OWNER (S): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Matricule number of the property: \_\_\_\_\_

This request is valid for all of your properties. Please indicate them if applicable. Use another sheet if required.

Land registry number : \_\_\_\_\_ Date of purchase of the property : \_\_\_\_\_

Address of the property : \_\_\_\_\_  
number street municipality

Actually your property is classified for imposition as: **FRENCH-SPEAKING**  **ENGLISH-SPEAKING**  **NEUTRAL**

In accordance with the law on the Education Act (articles 304 to 307), you will have to pay school taxes to the Commission scolaire des Trois-Lacs (French-speaking) and/or to the Lester-B.-Pearson School Board (English-speaking). In the case of the Lester-B.-Pearson School Board, this law foresees the right to impose and to collect the school tax belongs to the Comité de gestion de la taxe scolaire de l'île de Montréal.

In order to register or correct the linguistic code that will serve to determine which school board will transmit your school tax bill, please check off the statement that best describes your situation. Sign this form and return it to the Commission scolaire des Trois-Lacs at the address mentioned below.

**NOTE: In the case of co-ownership, only one choice may be made.**

1. My children are registered at the public school board of the district :

**FRENCH-SPEAKING** (Name of school : \_\_\_\_\_)

**ENGLISH-SPEAKING** (Name of school : \_\_\_\_\_)

2. My name appears on the last school electoral list :

**YES** (If yes, specify : \_\_\_\_ French-speaking \_\_\_\_ English-speaking)

**NO**  **DO NOT KNOW**

3. I don't have any children registered in the public schools of the school boards having jurisdiction on the territory of the organizations concerned. Therefore, I wish to be imposed as the following :

**COMMISSION SCOLAIRE DES TROIS-LACS** (French-speaking)  **LESTER-B.-PEARSON** (English-speaking)

**This choice must be transmitted before April 1<sup>st</sup> to the Commission scolaire des Trois-Lacs in order for it to be effective the following July 1<sup>st</sup> (article 306 of the Education Act).**

SEND THIS COPY TO:

**COMMISSION SCOLAIRE DES TROIS-LACS**  
400 avenue Saint-Charles  
Vaudreuil-Dorion QC J7V 6B1

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify, to the best of my knowledge, that the above information is complete and accurate.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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