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| **APPLICATION TO REturn to conciliation** |

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| **Identification of the applicant** |
| TAT record number | Click or press here to enter the 6- or 7-digit record number. |
| Name  | Click or press here to enter your name |
| Title  | Select an element |
| Telephone  | Click or press here to enter text |
| Email  | Click or press here to enter text |
| Application date  | Click or press here to enter a date |

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| **Application to return to conciliation** |
| Reason for the application to return to conciliation  | Select a reason |
| * If other, please explain briefly
 | Click or press here to explain briefly the reason. |
| Time requested to finalize the agreement | Select your choice |
| * If other, please indicate the date or time desired and explain why
 | Click or press here to indicate the date or the time desired. |
| Does the other party consent to the record returning to conciliation? | [ ]  Yes [ ]  No [ ]  Do not know |

* *Please submit this application by email to the Tribunal office in your region (consult our website for the email address of your office)* [*https://www.tat.gouv.qc.ca/menu-utilitaire/nous-joindre*](https://www.tat.gouv.qc.ca/menu-utilitaire/nous-joindre)*.*

*You will receive a reply to your application as soon as possible.*