|  |
| --- |
| **APPLICATION TO REturn to conciliation** |

|  |  |
| --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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.*