



Association
des consommateurs
pour la qualité
dans la construction

Radiant heating panels

claim form

Read the **Claim Guide** carefully before filling out this form.
Please print.

1. Identification of claimant

Name(s) of the owner(s) of the building concerned in 1994		
Current postal address (civic number and street name)		
City	Postal code	
()	()	E-mail address
Home phone number	Work phone number	
Social insurance number(s) (SIN) of the claimant(s) (please see Claim Guide)		

2. Information on the building concerned

Address of the building where the panels were installed (if other than the one indicated in 1)		
Address (civic number and street name)		
City	Postal code	
measurements of the building (exterior) : _____ X _____ =		

3. Radiant heating

Date radiant heating was installed: _____	Brand: _____
Name of installer: _____	
Cost of installation: _____ (attach copy of bill)	
Number of rooms heated with radiant panels at the time: _____ room(s)	
Total power output of radiant heating installed (in Watts): _____	
Date radiant heating was disconnected: _____	
Name of electrician who disconnected the heating: _____	
If the radiant panels were not disconnected, specify the reason: _____	
When the radiant heating-panel system was installed in the building concerned, were you the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were you the owner of the building concerned when the heating system was disconnected? Yes <input type="checkbox"/> No <input type="checkbox"/>	
As of the date of the present claim, are you still the owner of this same building? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered <u>no</u> to the foregoing question, specify the name(s) of the current owner(s): _____	
Have you already received compensation having to do with radiant heating (ex.: insurance settlement)? Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Replacement heating

By what type of heating was the radiant-panel system replaced?: _____

Total power output of the new heating system in Watts: _____ (or) BTU: _____

Cost of replacement system (materials and installation): _____ (attach copy of the bill(s))

Number of rooms heated with the new system: _____ rooms

Name, address, and telephone number of the contractor who installed the replacement heating:

5. Authorization

Authorization to obtain information from a third party

I herewith authorize the *Régie du bâtiment du Québec* or any other organization or person concerned (contractor, electrician, manufacturer), to forward to the *Association des consommateurs pour la qualité dans la construction* (ACQC), its employees and authorized agents, any documents or information related to the present claim.

Requests for information

I consent, under penalty of losing my right to compensation, to send ACQC any additional information which might be needed, within 15 days of its being requested.

Inspection of the building in question

I consent to have ACQC or its authorized agents inspect the building concerned within the 10 days following such a request and, if I am no longer the owner of the building concerned, I promise to make the necessary arrangements so that an inspection can take place within the 15 days following such a request. I also authorize the person in charge of the inspection of the building concerned to undertake any work needed for the investigation; this would include making small holes in the ceiling to check for the presence of radiant panels, with no obligation to repair said holes.

Signature (s) : _____

Date: _____

NOTE

Any information transmitted to the claims administrator and any information that the administrator may obtain with your authorization is gathered only to establish your right to financial compensation. Such information will not be used for any other purpose and is protected by the Loi sur la protection des renseignements dans le secteur privé.

6. Claimant's statement

I (we) _____
name(s)—please print

attest that the information provided in this form is entirely accurate and true, being aware that any false statement is liable to lead to rejection of this request for financial compensation.

Signature (s) : _____

Date: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- (1) Written proof (such as a bill of sale or a property tax bill) showing that the claimant was the owner of the building concerned when the radiant heating-panel system was disconnected.
- (2) Written proof showing the purchase of one of the radiant heating-panel systems covered by the class action.
- (3) A document showing the purchase of a replacement system.

The documents mentioned in (2) and (3) above should indicate the total power output installed (in Watts or BTU). If there is no mention of the total power output, please attach any document showing this information.

KEEP A COPY OF THIS CLAIM FORM AND ITS RELEVANT DOCUMENTS.

**MAIL ALL THE DOCUMENTATION—BEFORE 10 APRIL 2001—TO THE ADDRESS BELOW
(PLEASE DO NOT FAX)**

**Association des consommateurs pour la qualité dans la construction
2226 Henri Bourassa Boulevard East - Room 100
Montreal (QC) H2B 1T3**