

## NOTICE OF DISCONTINUANCE

CITY:

CLP RECORD:

CSST RECORD(S):

**APPLICANT**

**INTERESTED PARTY (IES)**

**INTERVENING PARTY (IES)**

## DISCONTINUANCE

The applicant discontinues his/her application filed before  
the Commission des lésions professionnelles on

\_\_\_\_\_  
Date of the application

\_\_\_\_\_  
Signature of applicant or his/her authorized representative

Date : \_\_\_\_\_