

**Send by email to:** RTPS@ccebailiff.ca

Head Office – 300 801 Manning Road NE, Calgary, AB T2E 7M8

Website: www.ccebailiff.ca

Calgary Ph: 403-262-8800

Fx: 403-262-8801

Edmonton Ph: 780 448-5833

Fx: 780 448-0698

<p><b>Occupant Information</b></p> <p>Tenant Name(s): _____</p> <p>_____</p> <p>_____</p> <p>Rental Premises Address: _____</p> <p>_____</p> <p>Children: <input type="checkbox"/> Yes <input type="checkbox"/> No    Pets: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Access for Process Server</b></p> <p><input type="checkbox"/> Main Door Code: _____</p> <p><input type="checkbox"/> Lockbox Code: _____</p> <p><input type="checkbox"/> Key to Main Door Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Contact for Access: _____</p> <p>_____</p>	<p><b>Date:</b> _____</p> <p><b>Client Information</b></p> <p>Name: _____</p> <p>Contact: _____</p> <p>Phone: _____</p> <p>Client Reference: _____</p> <p><b>Attachments</b></p> <p><input type="checkbox"/> Lease Agreement</p> <p><input type="checkbox"/> Ledger</p> <p><input type="checkbox"/> Witness Statements / Complaints</p> <p><input type="checkbox"/> Inspection Reports and Photos of any Damage</p> <p><input type="checkbox"/> Incident Reports</p> <p><input type="checkbox"/> Deposit Required - \$140 in-town / \$210 out-of-town</p>
<p><b>Type of Notice to be Prepared</b></p> <p><input type="checkbox"/> 14-day Redemption Notice (Only non-payment of rent substantial breach)</p> <p><input type="checkbox"/> 14-day Non-redemption Notice (Multiple substantial breaches)</p> <p><input type="checkbox"/> Warning Notice (provide details): _____</p> <p><input type="checkbox"/> Final Warning Notice</p> <p><input type="checkbox"/> Non-renewal Notice</p> <p><input type="checkbox"/> Non-tenant Occupant Notice</p> <p><input type="checkbox"/> Demand Notice</p>	

**INSTRUCTING PARTY (CUSTOMER) CONTRACT & INDEMNITY**

The undersigned hereby confirms that the information provided above is lawful and factually accurate and indemnifies on a solicitor and his own client basis Consolidated Civil Enforcement Inc. (Consolidated), and its directors, shareholders, employees, and agents in respect of its fees, charges and disbursements and in respect of any suit, liability, or claim for damages that might be incurred by it in respect of carrying out this function. Such liability will not extend to liability arising from negligence or willful misconduct of Consolidated. Customer agrees to pay for all services performed and invoiced by Consolidated within 30 days of the invoice date and shall pay interest on overdue amounts at a rate of 18% per annum, calculated annually, not in advance.

**Date:** \_\_\_\_\_ **Your reference #:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Instructing Party (Legal Name of Company):** \_\_\_\_\_

**Address:** \_\_\_\_\_ (Including Postal Code)

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Name (please print)**

## MasterCard/Visa Authorization Form

Today's Date	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Retainer Amount:	
Cardholder Name:	
Card Number:	
Expiry Date:	
Additional charges incurred	By signing below I hereby authorize Consolidated Civil Enforcement Inc. to charge the above noted credit card for invoices incurred on this file. I agree to pay these charges and understand that Consolidated Civil Enforcement Inc. will forward me copies of the same marked as paid by credit card.
Card Holder Signature:	

**ATTACH PHOTOCOPY OF FRONT AND BACK OF CREDIT CARD**

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**For CCE Office Use Only**

CCE File Number: \_\_\_\_\_ Authorization Date: \_\_\_\_\_

Authorization Number: \_\_\_\_\_ Authorizing RM: \_\_\_\_\_

CCE Invoice Payment

Invoice #: \_\_\_\_\_ Invoice Amount: \_\_\_\_\_ Authorization Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_ Invoice Amount: \_\_\_\_\_ Authorization Date: \_\_\_\_\_

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**Consolidated Civil Enforcement Inc.**

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 Toll Free Phone: (800) 313-4270 \* Toll Free Fax: (888) 262-8803