

**Send by email to:** RTPS@ccebailiff.ca  
 Head Office – 300 801 Manning Road NE, Calgary, AB T2E 7M8  
 Website: www.ccebailiff.ca

**SUBMIT FORMS & EVIDENCE BY EMAIL OR FAX**  
 Calgary Ph: 403-262-8800 Fx: 403-262-8801  
 Edmonton Ph: 780 448-5833 Fx: 780 448-0698

**TENANT INFORMATION**

Tenant Name(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Tenant Phone: \_\_\_\_\_  
 Tenant Email: \_\_\_\_\_  
 Rental Address : \_\_\_\_\_  
 City/PC: \_\_\_\_\_  
 Current Address for Service: \_\_\_\_\_  
 \_\_\_\_\_

**TENANCY INFORMATION**

Type of Tenancy:  Fixed Term  Month to Month  
Property Type:  Apartment  House  Townhouse  
 Main Floor  Basemen  
 Tenancy Begin Date: \_\_\_\_\_  
 Date of Lease Expiry: \_\_\_\_\_  
 Date Tenant Vacated: \_\_\_\_\_  
 Monthly Rent \$ \_\_\_\_\_  
 Deposit Amt \$ \_\_\_\_\_  
 Did you evict this tenant?  Yes  No  
 Details: \_\_\_\_\_  
 Did this tenant cause damage?  Yes  No  
 Amount: \_\_\_\_\_

**DATE:** \_\_\_\_\_  
**Client Name:** \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone/Email: \_\_\_\_\_  
 Reference: \_\_\_\_\_  
**Landlord Name:** \_\_\_\_\_  
 (as it should appear on all court documents)

**ATTACHMENTS**

Please attach copies of the following documents:

- Tenant claim
- Copies of any and all relevant documentation not contained in the tenant's claim
- Ledger (if the tenant is disputing rent)
- Statement of account and evidence of deductions (if tenant is requesting the return of the security deposit)
- Move-in and Move-out inspection reports and photos
- Copies of any previous Court Orders granted
- Copies of any eviction notices given
- Retainer – Contact CCE for the required \$ amount.**

**REQUESTED ACTION**

- Mediation Representation
- Defense to Tenant Application
- Counter-Claim Against Tenant Application
- Defense and Counter-Claim Against Tenant Application

**INDEMNITY** - The undersigned confirms that enforcement instructions given to Consolidated are lawful and factually accurate and hereby indemnifies on a solicitor and his own client basis 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 any function carried out on the enforcement instructions. However, this indemnity shall not extend to any liability arising from the negligence or willful misconduct of Consolidated. This indemnity shall remain in force with respect to all services requested from time to time. In the event of litigation to which this indemnity applies, the undersigned agrees to fund, during the course of such litigation, the legal defense costs of Consolidated and its directors, shareholders, employees, and agents. The undersigned further agrees to provide additional indemnities, bonds or assurances as required by Consolidated from time to time.

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

**Address:** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature (Required)** **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.**

300 801 Manning Road N.E. Calgary, AB T2E 7M8 \* Phone: (403) 262-8800 \* Fax: (403) 262-8801  
 Toll Free Phone: (800) 313-4270 \* Toll Free Fax: (888) 262-8803