

Send by email to: RTPS@ccebailiff.ca

SUBMIT FORMS & EVIDENCE BY EMAIL OR FAX

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

Calgary Ph: 403-262-8800 Fx: 403-262-8801

TENANT INFORMATION

Tenant Name(s): _____

Tenant Phone: _____

Tenant Email: _____

Rental Address: _____

Current Address for Service: _____

TENANCY INFORMATION

Type of Tenancy: Fixed Term Month to Month

Property Type: Apartment House Townhouse

Main Floor Basement

Tenancy Begin Date: _____

Date of Lease Expiry: _____

Date Tenant Vacated: _____

Monthly Rent \$ _____

Deposit Amt \$ _____

Was Eviction Notice Served? Yes No

Date Notice Expired: _____

DATE: _____

Client Name: _____

Contact: _____

Phone/Email: _____

Reference: _____

Landlord Name: _____

(as it should appear on all court documents)

EVIDENCE

Please attach copies of the following documents:

Tenancy Agreement/Other (need proof of relationship)

Move-in and Move-out Inspections along with photos

Damage Ledger with Receipts and photos of the damage

Rental Increase Notices

Listing and Re-Rental Information Including Ads and New Tenant Lease

Any Eviction Notices Served

Unpaid Rent Ledger

Loss of Rental Income Ledger

Previous Court Order or Judgment

Any relevant communication – texts, emails, other notices, letters, receipts, etc.

Retainer – Contact CCE for the required \$ amount.

****IMPORTANT:** If the Tenant can produce documentation that we have not been made aware of, it will have a negative impact on the outcome and the hearing.

ITEMS SOUGHT

Unpaid Rent to the date the tenant vacated in the amount of \$ _____

Lost Rental Income in the amount of \$ _____

Physical Damages to the Premises in the amount of \$ _____

Listing Costs or Other Costs in the amount of \$ _____

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

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: _____

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