

Order for Possession Instructions

□ Edmonton – 4482 97 Street Edmonton, AB T6E 5R9 □ Calgary – 300, 801 Manning Road NE, Calgary, AB T2E 7M8 □ Email: calgary@ccebailiff.ca or edmonton@ccebailiff.ca	Phone: 780 448-5833 Fax: 780 448-0698 Phone: 403 262-8800 Fax: 403 262-8801 Website: www.ccebailiff.ca
Occupant Information	Client Information
Tenant Name(s):	Date:
	Client Reference (if applicable):
	Client Name:
	Client Phone #:
Enforcement Address:	Attachments
	☐ File Retainer (In Town \$472.50 / Out of Town \$535.50)
	☐ Filed copy of the Order for Possession or Order for Foreclosure.
Children: YES / NO Pets: YES / NO Tenant's Date of Birth:	☐ Filed copy of the Affidavit of Service of the Order for Possession or Order for Foreclosure.
	☐ Copy of Served Notice of Default and Proof of Service (Applicable on all Conditional Orders).
Additional Information for Bailiff: Possibility of Violence / Firearms / Drugs / Police Related Issues:	□ Name and contact information for the individual the tenant is to contact to obtain personal property left on the premises. This information will be included on the warning notice posted to the door of the residence:
Order for Possession Instructions Enforce the Order For Possession without providing notice to	o the tenants
☐ Bailiff to obtain a locksmith and then deliver new keys to:	
OR Landlord/Agent will attend with bailiff to change the lock	cs. Contact:
any storage charges incurred pursuant to instructions to re	piced by Consolidated, we hereby acknowledge responsibility for move personal property from the premises. Rules 9.27 and 9.28 rty is to be handled. The personal property must generally be

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stored for one month before it can be sold.

Contract and Indemnity

Contract for Services

The undersigned Instructing Party hereby warrants to Consolidated Civil Enforcement Inc. (Consolidated) that it is the enforcing party, or that it is the lawful agent of the enforcing party or is otherwise legally authorized to give instructions on behalf of the enforcing party to Consolidated and that it has determined that the enforcement activities instructed herein are lawful. Upon instructing Consolidated, the Instructing Party shall be responsible for the costs of such services, including all costs required to lawfully complete, suspend or withdraw civil enforcement activities. The Instructing Party agrees to pay for all services performed and invoiced by Consolidated within 30 days of the invoice date. Such services will be charged at the rate published by Consolidated with the Sheriff for the Province of Alberta. The Instructing Party shall pay interest on overdue amounts at a rate of 18% per annum, calculated annually, not in advance. The Instructing Party further agrees to provide deposits or other advances for civil enforcement services to be performed upon the request of Consolidated.

Instructing Party (Individual or Legal Name of Company):			
Signature (Required)		Name (please print)	
Indemnity			
indemnifies on a solicitor a respect of its fees, charges a by it in respect of any funct liability arising from the neg all services requested from fund, during the course of s	nd his own client basis Consolind disbursements and in respection carried out on the enforcemiligence or willful misconduct of time to time. In the event of litiguch litigation, the legal defensemed further agrees to provide	ven to Consolidated are lawful and factually accurate and hereby dated, and its directors, shareholders, employees, and agents in at of any suit, liability, or claim for damages that might be incurred tent instructions. However, this indemnity shall not extend to any Consolidated. This indemnity shall remain in force with respect to gation to which this indemnity applies, the undersigned agrees to costs of Consolidated and its directors, shareholders, employees, additional indemnities, bonds or assurances as required by	
(Individual or Legal Name o	of Company):		
Address, Phone and Fax (if (different from above):		

Name (please print)

Signature (Required)



MasterCard/Visa Authorization Form

Today's Date			
Card Type:	☐ VISA ☐ MasterCard	1	
Retainer Amount:			
Cardholder Name:			
Card Number:			
Expiry Date:			
Additional charges incurred	above noted credit card for invo	orize Consolidated Civil Enforcement Inc. to charge the cices incurred on this file. I agree to pay these charges ted Civil Enforcement Inc. will forward me copies of the card.	
Card Holder Signature:			
		CONT 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:	