



**SKIP TRACE LOCATE REQUEST**

**PLEASE COMPLETE ONE REQUEST FOR EACH INDIVIDUAL/COMPANY YOU NEED TO LOCATE**

**PERSONAL INFORMATION / NEED SKIP TRACE ON:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

SIN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Employment Status: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

**Supporting Documents Attached**

Credit Report

Demo Search

Original Application

Sales Contract

Police/Accident Report

Court Claim

Tenancy Agreement

Other: \_\_\_\_\_

**Locate Service Requested**

Place of Residence (\$300.00)  Place of Employment (\$300.00)  Both Residence and Employment (\$600.00)

RUSH FILE (\$50.00 Rush Fee)

**Additional Comments / Details / Type of Claim**

***Indemnity/Contract for Services***

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

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature (Required)**

**Name (please print)**

**Date**

Please complete form and return to Consolidated Civil Enforcement along with completed Credit Card Authorization to:  
[Calgary@ccebailiff.ca](mailto:Calgary@ccebailiff.ca) / [Edmonton@ccebailiff.ca](mailto:Edmonton@ccebailiff.ca)

## 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: \_\_\_\_\_