

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: 403 262-8813 Fax: 403 262-8801  
 Website: [www.ccebailiff.ca](http://www.ccebailiff.ca)
**Tenant Details:**

 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Last known Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Judgement Details:**

 Date judgment was granted: \_\_\_\_\_ Date judgement was served on tenant(s): \_\_\_\_\_  
 Tenant(s) vacated on \_\_\_\_\_ (date)  
 Tenant(s) were removed by a Bailiff on \_\_\_\_\_ (date)

**JUDGMENT AMOUNT**

(Please complete this table with the information noted in your court order)

\$ _____	judgment awarded to _____
(amount 1)	(date)
\$ _____	per diem from _____ to _____
(amount 2)	(date) (date)

**REQUIRED DOCUMENTATION**

(Please attach and submit with your completed forms)

Filed Judgment/Order
Filed Affidavit of Service of the Judgment/Order

**DEDUCTIONS/PAYMENTS APPLIED TO THE DEBT**

Since the judgement was granted, the tenant has paid \$ _____
(amount 3)
This tenant paid a \$ _____ Security deposit and \$ _____
(amount) (amount 4)
of the security deposit is being applied to the judgment

**FINAL CALCULATION**

\$ _____	Total Judgment (amount 1 plus amount 2)
	+
\$ _____	Total Deductions (amount 3 plus amount 4)
	=
\$ _____	Final Amount

**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: \_\_\_\_\_  
 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: (888) 262-2626 \* Toll Free Fax: (888) 262-8803