

- ☐ **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

Tenant Name(s): _____

Rental Premises Address: _____

Children: YES / NO

Pets: YES / NO

Access for Process Server

☐ Main Door Code _____

☐ Lockbox Code _____

☐ Key to Main Door Provided? Yes/ No

☐ Contact for Access _____

Client Information

Date: _____

Client Reference (if applicable): _____

Client Name: _____

Client Phone #: _____

Attachments

- ☐ Lease agreement
☐ Ledger
☐ Witness Statements / Complaints
☐ Inspection Reports and Photos of any Damage
☐ Incident Reports

Notice Required

- ☐ 14 Day Redemption Notice (Only Non-Payment of Rent Substantial Breach)
☐ 14 Day Non-Redemption Notice (Multiple Substantial Breaches)
☐ Warning Notice
☐ Final Warning Notice
☐ Non-Renewal Notice
☐ Demand Notice

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.

Instructioning Party: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Signature (Required)

Name (please print)

Date

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