



- Edmonton** – 280 10123 99 Street Edmonton, AB T5J 3H1      Phone: 780 448-5833      Fax: 780 448-0698
- Calgary** – 300 801 Manning Road NE, Calgary, AB T2E 7M8      Phone: 403 262-8800      Fax: 403 262-8801
- Email:** [calgary@ccebailiff.ca](mailto:calgary@ccebailiff.ca) or [edmonton@ccebailiff.ca](mailto:edmonton@ccebailiff.ca)      Website: [www.ccebailiff.ca](http://www.ccebailiff.ca)

|  |   |
|--|---|
| <p><b>Debtor Information</b></p> <p>Debtor Name(s): _____</p> <p>_____</p> <p>_____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ Gender: Male / Female</p> <p>Best time to seize: _____</p> <p>Other Debtor Info.:</p> | <p><b>File Information</b></p> <p>Date: _____</p> <p>Your Reference: _____</p> <p>Contact Name: _____</p> <p>Total Arrears \$ _____ plus costs.</p> <p><b>Attachments</b></p> <p><input type="checkbox"/> Warrant <i>or</i> <input type="checkbox"/> Prepare &amp; sign Warrant for us (\$50)</p> <p><input type="checkbox"/> Statement of Amount Owing</p> <p><input type="checkbox"/> Seizure Deposit (minimum - \$750)</p> |
|--|---|

**Seizure Instructions**

**RUSH** (Additional fees apply)

We hereby confirm that we have the legal right to seize the property of the Debtor as identified above, pursuant to money owed to us under the (fill in the name of the Act \_\_\_\_\_) and therefore instruct Consolidated Civil Enforcement Inc. to:

Seize sufficient assets of the Debtor to satisfy the total amount owing to the Creditor.

**OR** Seize the property listed below:

Remove the property to secured storage or to the following storage facility listed below:

**OR** Leave goods on a Bailee’s Undertaking in the possession of . . .

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## ***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):*** \_\_\_\_\_

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

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

\_\_\_\_\_  
***Signature (Required)*** ***Name (please print)***

### ***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.

***(Individual or Legal Name of Company):*** \_\_\_\_\_

***Address, Phone and Fax (if different from above):*** \_\_\_\_\_

\_\_\_\_\_  
***Signature (Required)*** ***Name (please print)***

Previous P.P.R. Registration Number (**W.C.B. only**)

Civil Enforcement Agency File Number

# Warrant

(DISTRESS)

Workers' Compensation Act

Type

WCB

Code

**TO:**

**CONSOLIDATED CIVIL ENFORCEMENT INC.**

Civil Enforcement Agency - Issuing Office

**Calgary Office** - 200 807 Manning Rd NE Calgary, AB T2E 7M8 Ph: 403 262-8800 Fx: 403 262-8801 Email: calgary@ccebailiff.ca  
**Edmonton Office** - 280 10123 99 Street Edmonton, AB T5J 3H1 Ph: 780 448-5833 Fx: 780 448-0698 Email: edmonton@ccebailiff.ca

You are hereby instructed to seize the personal property of

\_\_\_\_\_  
\_\_\_\_\_  
Name and Address of Debtor

in order to satisfy an outstanding debt in the amount of \_\_\_\_\_

owing to \_\_\_\_\_ plus costs.  
Name of Creditor

\_\_\_\_\_  
Location of personal property if different from the debtor's address

Dated at \_\_\_\_\_, \_\_\_\_\_, on \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Instructing Creditor or Authorized Agent

\_\_\_\_\_  
Print Name of Instructing Creditor or Authorized Agent

\_\_\_\_\_  
Address of Instructing Creditor or Authorized Agent City

\_\_\_\_\_  
Province Postal Code Telephone Number Fax Number



# 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:      |  |

**PHOTOCOPY OF BOTH SIDES OF CARD HERE (OR ATTACH):**

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