

LETTER OF INSTRUCTION
Court Order to Vacate

TO: ALTERNATIVE BAILIFF SERVICES LTD
109 – 1289 Highfield Crescent SE
Calgary, AB
T2G 5M2

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PLEASE PROCEED WITH ENFORCEMENT PROCEEDINGS AGAINST:

NAME OF TENANT(S): _____

TENANT'S ADDRESS: _____

TENANT'S PHONE/CELL#'S: _____

Please enclose copies of the required documents listed below and any other relevant info:

ORDER TO VACATE

AFFIDAVIT OF SERVICE

ALLOW THE TENANT _____ HRS TO VACATE AND REMOVE BELONGINGS (standard is 48 hrs)

LANDLORD TO CHANGE THE LOCKS: **YES** **NO**

NO LOCKSMITH REQUIRED: **YES** **NO**

PETS: **YES** **NO** **TYPE: _____**

SPECIAL INSTRUCTIONS OR EXTENUATING CIRCUMSTANCES:

Instructing party is responsible to pay fees and/or any disbursements invoiced by Alternative Bailiff Services Ltd. The instructing party also acknowledges the responsibility for any storage and/or removal costs pursuant to instruction to remove any property.

I/We the undersigned hereby indemnify Alternative Bailiff Services Ltd. and its agents and employees in respect to its fees, charges, expenses and any claims for damages whatsoever that may be incurred by them with regards to their execution of this mandate on my/our behalf or anything completed in relation thereto. This indemnity shall continue to be in effect and cover all services requested by the customer. In the event of litigation to which this indemnity applies, the customer agrees to fund, during the course of such litigation, the legal defence costs of Alternative Bailiff Services Ltd. and its directors, shareholders, employees and agents. All information shall be treated as privileged and confidential and will not be released to any other party without prior written authorization by the client or authorized representative. I/we authorize Alternative Bailiff Services Ltd. it's agents and employee's to act on our behalf and be our agents with regards to their execution of this mandate or anything completed in relation thereto. We also provide Alternative Bailiff Services Ltd. authorization to sign documents on our behalf.

INSTRUCTING CLIENT (NAME OF COMPANY): _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE

NAME (PRINT)