

LETTER OF INSTRUCTION

Municipal Government Act

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

PH: 403-543-0900(TOLLFREE)866-643-0900
FAX: 403-543-0909(TOLL FREE) 866-643-0901
WEBSITE: www.alternativebailiff.com
EMAIL: admin@alternativebailiff.com

PLEASE PROCEED WITH ENFORCEMENT PROCEEDINGS AGAINST:

NAME OF BUSINESS/COMPANY/PERSON(S): _____

BUSINESS/COMPANY/PERSON ADDRESS: _____

BUSINESS/COMPANY/PERSON PHONE/CELL#'S: _____

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

WARRANT

CORPORATE SEARCH

OTHER

TOTAL UNPAID MUNICIPAL TAXES (\$): _____ ACCOUNT # _____

COLLATERAL TO BE SEIZED: _____

LOCATION OF PROPERTY: _____
(if different from debtor's address)

REMOVAL INSTRUCTIONS: _____

SPECIAL INSTRUCTIONS OR EXTENUATING CIRCUMSTANCES:

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)