

**LETTER OF INSTRUCTION**  
**COURT ORDER TO VACATE**

TO: ALTERNATIVE BAILIFF SERVICES LTD      PH: 403-543-0900 (TOLLFREE) 866-643-0900  
109 – 1289 Highfield Crescent SE      FAX: 403-543-0909 (TOLLFREE) 866-643-0901  
Calgary, AB      WEBSITE: [www.alternativebailiff.com](http://www.alternativebailiff.com)  
T2G 5M2      EMAIL: [admin@alternativebailiff.com](mailto:admin@alternativebailiff.com)

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:

- |   |   |
|---|---|
| <input type="checkbox"/> ORDER TO VACATE                      | <input type="checkbox"/> AFFIDAVIT OF SERVICE           |
| <input type="checkbox"/> NOTICE OF DEFAULT<br>(if applicable) | <input type="checkbox"/> AFFIDAVIT OF NOTICE OF DEFAULT |

LOCKSMITH REQUIRED:       YES    NO  
PETS:       YES    NO      TYPE: \_\_\_\_\_

ANY KNOWN VIOLENCE, CRIMINAL ACTIVITY AND/OR WEAPONS: \_\_\_\_\_

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.\*

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*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 defense 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., its agents and employees 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: \_\_\_\_\_

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SIGNATURE OF AUTHORIZED REPRESENTATIVE      NAME (PRINT)