CREDITOR'S LETTER OF INSTRUCTION FOR SEIZURE UNDER THE CIVIL ENFORCEMENT ACT (WRIT OF ENFORCEMENT) / (SALE OF LAND)

To: Allied Shortridge Civil Enforcement Agency Inc.
Suite 126, 1111 – 6 Avenue S.W., Calgary, T2P 5M5
Telephone: 403-237-5468, Fax: 403-263-7313, E-mail: allied.shortridge@shaw.ca
John Shortridge: Cell: 403-560-9406, E-mail: seizure@shaw.ca

Name of Creditor(s) _____

Name of Debtor(s) _____

Address of Debtor(s) _____

Debtors Employer _____

Amount of Writ of Enforcement $_____

Amount to seize for (if different than above) $_____

Specific asset(s) to be seized: _____

Seized assets are to be (circle one):
- ☐ a) placed seized property in storage
- ☐ b) leave seized property on a Bailee's Undertaking
- ☐ c) sale of land

Please attach a copy of your Writ of Enforcement and PPR Verification Statement.
If this is a Sale of Land please also attach a copy of the Certificate of Title.

We hereby indemnify Allied Shortridge Civil Enforcement Agency Inc. in respect of its fees, charges and disbursements and any claims for damages that might be incurred in respect of any function or duty carried out under the Civil Enforcement Act, or any other act during the term of this agreement. This indemnity does not extend to any proven liability arising from the negligence of willful misconduct of Allied Shortridge Civil Enforcement Agency Inc. Should litigation occur the Customer agrees to provide further indemnities and bonds and to provide or fund any legal representation required by Allied Shortridge and the cost of legal action against Allied. The Customer agrees to pay all solicitor-client costs of Allied Shortridge should the Customer default in paying any costs arising from this agreement. We authorize Allied Shortridge Civil Enforcement Agency Inc. and your civil enforcement agency to act as our agent to perform the necessary searches and to complete any documentation necessary for seizure to be effected in this matter.

Customer Name_____

Customer Address_____

Contact Person_____ E-mail _____

Telephone number_____ Fax Number _____

Signature_____Date_____