

Associated Eviction Services

10215 - 178 Street, Edmonton, AB T5S 1M3 Tel: (780) 455.1101 Fax: (780) 455.1191
www.evictionservices.ca

LETTER OF ENGAGEMENT

Date (dd/mm/yy) _____

Tenant Name/s _____

Tenant Tel. # 1. _____ 2. _____

Address of Rental Premises _____,

City _____, Alberta, Postal Code _____

House Apartment Apartment-Style Condominium Condominium Townhouse

Please note: Third parties cannot be contacted for entry/access since this delays and interrupts service

Key/s or entry codes will be delivered and/or provided to Associated Eviction Services for access specifically only where necessary (for purpose of process service or inspection of premises accessed through common/shared entrances only. This is not applicable to premises with direct access to suite doors).

Note: Are there any circumstances to be aware of e.g. unauthorized occupants, specific entrances, animals, children, unstable/volatile persons, illegal activity, unsafe conditions, pets, pests? Please disclose details

Associated Eviction Services is instructed to provide the following services:

1. Landlord's Application for Termination of Tenancy under the Residential Tenancies Act by RTDRS – applicable where Tenants are still on rental premises (claim for compensation for damages may be included).
2. Compose & Serve Notice of Default; Provide Filed Affidavit of Service; Provide Declaration of Service of Notice of Default
3. Visitation to Property: Negotiation Inspection of Premises Serve Notice/s
4. Document Composition (e.g. specific Legal Notices, Tailored Letters on behalf of Landlord)
5. Landlord's Application for Damages under the Residential Tenancies Act by RTDRS – applicable where Tenants have vacated rental premises
6. Other _____

The Instructing Party (Customer) hereby indemnifies on a solicitor-and-his-own-client basis Associated Eviction Services (Associated), and its directors, shareholders, employees, and agents in respect of its fee, 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 instructions of the Customer. This indemnity shall not extend to any liability arising from the negligence or wilful misconduct of Associated. This indemnity shall remain in force with respect to all services requested by the Customer from time-to-time. 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 Associated and its directors, shareholders, employees, and agents. The Customer agrees to provide additional indemnities, bonds or assurances as required by Associated.

The Customer agrees to provide a Retainer by cheque or credit card or, if so agreed, payment within 10 days, upon conclusion of service and receipt of invoice. Where the amount for services rendered exceeds the Retainer amount, the Customer agrees for the remaining balance to be applied against the same credit card as may have been provided for the initial Retainer. Where the instruction/action is cancelled or withdrawn, Associated retains the right to charge appropriately an hourly rate of \$100/hour for time spent on, including, but not limited to, consultation, review of evidence/related material, or preliminary agreed action initiated on behalf of the Customer. Associated further retains the right to charge appropriately for instructions received verbally or electronically from the Customer, which may be issued after receipt of the Letter of Engagement or for time spent communicating between more than one party associated with the Customer. – PLEASE SEE NEXT PAGE

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LETTER OF ENGAGEMENT CONTINUED

COMPLETION OF ALL INFORMATION BELOW IS MANDATORY IN ORDER TO PROCEED. THANK YOU.

Instructing Person and/or Legal Name of Company:

(e.g. where the property is held by a numbered company)

Landlord's/Agent's physical address to be used in action **(Note: PO Box addresses not accepted; Tenant/s will see this address & tel. #) – DO NOT LEAVE BLANK:**

City _____

Province _____ Postal Code _____ Telephone _____

Action to be brought in the name of _____
(Landlord's/Agent's name or Company's name e.g. 1234567 Alberta Ltd.)

Please check () the box where the billing *is different* from the address above to be used in the legal action **ONLY IF you want the billing address to be kept confidential from the Tenant**

Billing Address: _____,

City _____, Province _____, Postal Code _____

Tel _____ Fax _____ E-mail _____

Authorized Contact Person - Full Name (Print) _____

Authorized Signature _____ Date Signed _____

OPTIONAL INFORMATION

Periodically Associated Eviction Services issues invitations via e-mail to participate in FREE consultations and to receive podcasts, case studies, tips and other educational tools regarding tenancy management and Alberta court rulings/legislation relevant to Landlords.

Yes, I, _____ *(full name of authorized person)* want to be added to Associated Eviction Services as a subscriber via e-mail at the address _____.

I understand that I will be able to exercise the option to unsubscribe in the future.

(Please leave this portion blank if you have subscribed via www.evictionservices.ca)

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CREDIT CARD AUTHORIZATION

This serves to confirm that I (authorized representative) _____,
Full Name of Landlord/Agent

herewith authorize *Associated Eviction Services* this _____ day of

_____, 20____, to process payment for the purpose of payment of:

1. Retainer \$ _____
 2. Invoice (Invoice # _____) \$ _____
 3. Expense Reimbursement \$ _____
 4. Garnishment Action \$ _____
 5. Notice of Default; Affidavit of Service; Declaration
Of Service of Notice of Default \$ _____
 6. Other _____ \$ _____
- Total \$

and enclose a copy of the designated credit card (front only)

VISA MASTERCARD

Cardholder Name

Card Number

*** Expiry Date

*****Card must be valid for at least 4 months after authorization date (2nd credit card details may be provided)**

Cardholder Signature

Date (d/m/y)

FOR OFFICE USE:

Date of Receipt (d/m/y) _____ Date Processed (d/m/y) _____

Authorization # _____