

**TO:** \_\_\_\_\_ Civil Enforcement Agency File Number \_\_\_\_\_  
**Civil Enforcement Agency**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**You are hereby instructed to seize the following vehicle:**

Serial Number \_\_\_\_\_ Year (yyyy) \_\_\_\_\_ Make and Model \_\_\_\_\_ Licence Number \_\_\_\_\_

**the property of:**

**Owner (Name)**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**now in possession of:**

**Name**

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

This vehicle is subject to a Garage Keeper's lien registered in the Personal Property Registry on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ as Registration Number \_\_\_\_\_.

Seizure is instructed to realize the sum of \$ \_\_\_\_\_ plus costs claimed by \_\_\_\_\_ for: \_\_\_\_\_  
 Name of Creditor

- ☐ storage of motor vehicle or farm vehicle or a part of a motor vehicle or a farm vehicle
- ☐ repair of a motor vehicle or farm vehicle or a part of a motor vehicle or a farm vehicle
- ☐ maintenance of a motor vehicle or farm vehicle or a part of a motor vehicle or farm vehicle
- ☐ price of accessories or parts furnished for a motor vehicle or farm vehicle or a part of a motor vehicle or farm vehicle
- ☐ possession of the motor vehicle or farm vehicle was surrendered to the owner or the owner's agent on: \_\_\_\_\_  
 Date Surrendered
- ☐ repairs were completed to the motor vehicle, farm vehicle, or part of a motor vehicle or farm vehicle where the vehicle was not at the time of repair in the possession of the garage keeper on: \_\_\_\_\_  
 Date Surrendered
- ☐ accessories or parts were furnished to the motor vehicle or farm vehicle on: \_\_\_\_\_  
 Date Surrendered

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, Alberta.

Signature of Instructing Garage Keeper or Authorized Agent

Name of Instructing Garage Keeper or Authorized Agent (Please PRINT)

**Instructing Garage Keeper or Authorized Agent**

Business Name \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_