

**SEIZURE WARRANT  
AUTHORIZATION AND DIRECTION  
TO: KENNEDY & ASSOCIATES, BAILIFFS INC.,  
Our Bailiff on this behalf or its Appointee**

REQUEST FOR VEHICLE RECOVERY FOR: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**YOUR INSTRUCTIONS**

ARREARS:

PROOF OF INSURANCE:

COMMENTS:

**DEBTOR INFORMATION**

DEBTORS NAME:

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

DATE OF BIRTH:

SOCIAL INSURANCE NUMBER:

DRIVER'S LICENSE NUMBER:

DRIVER (if different from above):

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

**SECURITY/VEHICLE INFORMATION**

YEAR:

MAKE:

MODEL:

SERIAL NUMBER:

LICENSE:

COL:

**DETAILS AND INDEMNITY**

STORAGE:

OURS:

YOURS:

PLATES:

REMOVE:

LEAVE ON:

DROP LOCATION (if applicable):

INDEMNITY: THIS IS YOUR AUTHORITY TO SEIZE (if applicable) THE ABOVE VEHICLE(S) ON BEHALF OF OUR COMPANY AND WE HEREBY AGREE TO INDEMNIFY YOU AGAINST ALL CLAIMS FOR DAMAGES AND COSTS WHICH MAY BE MADE AGAINST YOU BY REASON OF YOUR ACTING UNDER OUR INSTRUCTIONS.

**SIGNATURE**

**POSITION (TITLE)**

135 QUEEN'S PLATE DRIVE, SUITE 360, TORONTO, ONTARIO, M9W 6V1  
PHONE: (416) 798-8844 FAX: (416) 798-8085  
EMAIL: [bailiff@kennedybailiffs.com](mailto:bailiff@kennedybailiffs.com)