



## **Indemnity for Supervised Access & Costs**

Occupant  
 Tenant:  & Landlord:

Person who will attend site:

Contact details of person attending site:

T:   
 M:   
 E:

Date and time of access:

Date:   
 Time:

Address requiring supervised access:

Keys to be returned to and their address:

Name:   
 Address:

**To Cornwall Bailiffs Ltd (company registration no 11916090)**

I/We hereby request your officers and agents to proceed therein with providing supervised access to the demise as the law directs at the identified address detailed above: and for so doing, this shall be your sufficient indemnification against all actions at law, as well as against all fees, costs, charges or expenses which you may incur or be liable to pay by reason of your executing this Instruction and do hereby undertake not to hold you accountable for any goods removed by the occupant, ex-tenant or any other third party.

I further confirm that I am in a position to authorise the actions set out above.

**Instructing client details**

Reference:

Company name:

Address:

Contact Information:

T:   
 M:   
 E:

Out of Hours Contact Name:

Contact Number: T:  M:

Invoices chargeable to:

Print Name:  Date:

Sign: