

EVICTON SERVICES INSTRUCTION

Your Full Name*

Job title* (if applicable)

• Organisation name (if applicable)

• Address*

Street Address

Address Line 2

City/County

Post Code

• Telephone number*

• Email*

• Legal status of your organisation*

Tenant Details

Name/s*

Tenanted Property

Street Address

City/County

Post Code

Rent Arrears

YES

NO

AMOUNT £

Anti Social Behaviour

YES

NO

Confirmation*

I confirm that I / my organisation wish to instruct Cornwall Bailiffs and their lawyers and agents to act on my/my organisations behalf in relation to the issuing and signing of notices and such court proceedings as required to obtain an order for possession of the premises detailed above. I have authority to provide instructions on behalf of my organisation. I have read and accept your Terms & Conditions of Business and consent to information regarding this instruction being shared within Cornwall Bailiffs and their respective agents.

Signed

Name