



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 £
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Anti Social Behaviour	YES	NO
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Confirmation*

I confirm that I / my organisation wish to instruct Kent Bailiff Services 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 the AWT Associates Ltd and their respective agents.

Signed

Name