

Indemnity for Supervised Access & Costs

Occupant		
Fenant:		& Landlord:
Person	who will attend site:	
Contact	t details of person attending site:	Date and time of access:
T:		Date:
		Time:
Address	s requiring supervised access:	Keys to be returned to and their address:
		Name:
		Address:

Kent Bailiff Services

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 Contac	ct Name:			
Contact Number:	1	Г:		М:
Invoices chargeable	e to:			
Print Name:			Da	ate:
Sign:				