



WOLFCO. BAILIFFS

A Division of Matrix Communications Management, Inc
"RECOVERIES WITH INTEGRITY"

43076 RPO CASCADES
Burnaby, BC V5G-4S2
Tel: 604-595-REPO (7376)
Fax: (604)599-4367

REPAIRER'S LIEN REQUEST/WARRANT

Please file a Repairer's Lien on the vehicle below. We understand the costs for doing so will be \$50.00 + GST. This fee includes the Drafting & Registration of the Lien and R.O. Searches. We understand that if we possess a current R.O. we are to fax it along with this request and save \$25.00 on the R.O. Search.

Please seize the vehicle immediately.

YES

NO

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Debtor Information-

Registered Owner's Name: _____

Name on Work Order: _____

(if different than R.O.)

Address: _____

City/Prov/PC: _____ / _____ / _____

Phone: _____

(Home) _____ / (Work) _____ / (Cell) _____

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Vehicle Information-

VIN No: _____

Year: _____ / Make: _____ / Model: _____ / Color: _____ / Plate: _____

Date of Possession: (Day) _____ (Month) _____ (Year) _____

Release Date: (Day) _____ (Month) _____ (Year) _____

Amount Owing: \$ _____ . _____

Below is any other information that may assist you in the location of the above vehicle. (If this is a Repossession).

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We understand the above information is **CRITICAL** to the filing of a Repairer's Lien. We further understand that a seizure may be invalidated by any incorrect information. We agree to indemnify you and save you harmless from all loss, damage and expense (including any legal fees, disbursements and court costs) which you might incur or suffer arising from, or as a consequence of acting on our behalf. We agree to pay your reasonable fees as set out in your current schedule of fees and such expenses as might be incurred. We understand you **DO NOT** accept accounts for seizure on a contingency basis and your minimum fees for handling a file are **\$125.00 + GST for REPOSSESSIONS**.

Below is your authorization to seize, store and sell the above described security.

We enclose a signed copy of the acknowledgement of indebtedness signed & dated.

COMPANY

AUTHORIZED SIGNATURE

DATE

PRINT NAME