



### **EVICTION 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 ERE (Executive UK Group) 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 Lackfords Group of companies and their respective agents.