Writ of Delivery Form 20B

Claim no.

[SEALED]

Plaintiff No. 2 (if applicable)

Full Name
Address for Service
Phone No.
Fax No. (If any)
Plaintiff's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.
Fax No. (If any)
E-Mail Address (Optional)

Defendant No. 1

Defendant No. 2 (if applicable)

Full name	Full Name
Address for Service	Address for Service
Phone No.	Phone No.
Fax No. (If any)	Fax No. (If any)
Defendant's Lawyer/Agent (Full Name)	Defendant's Lawyer/Agent (Full Name)
Lawyer/Agent's Address for Service	Lawyer/Agent's Address for Service
Lawyer/Agent's Phone No.	Lawyer/Agent's Phone No.
Fax No. (If any)	Fax No. (If any)
E-Mail Address (Optional)	E-Mail Address (Optional)

Note: For additional defendants, please list on attached sheet with all the necessary information as requested above.

TO THE SHERIFF OF	
Under an order of this court made on, (date)	
OU ARE DIRECTED to seize from (Name of person	
erson in whose favour the order was made)	and to deliver without delay to (Name of
	the following personal property: set out
description of the property to be delivered together with	ith any identifying marks or serial numbers
(Date)	(Signature of Clerk)