

WRITTEN CONSENT FOR LEGAL REPRESENTATION

SafeRoads Alberta - Vehicle Seizure Cases

TO: SafeRoads Alberta Legal Services

I, _____ (Client Name), hereby provide my written consent for legal representation in matters related to my vehicle seizure under Alberta Traffic Safety Act.

CLIENT INFORMATION:

Full Name: _____

Address: _____

City, Province: _____

Postal Code: _____ Phone: _____

Email: _____

Driver's License #: _____

VEHICLE INFORMATION:

Vehicle Make/Model: _____

Year: _____ License Plate: _____

VIN (if available): _____

SEIZURE DETAILS:

Date of Seizure: _____

Location: _____

Seizing Officer: _____

Reason for Seizure: _____

LEGAL AUTHORIZATION:

I hereby authorize SafeRoads Alberta Legal Services to:

â€ Represent me in all matters related to this vehicle seizure

â€ Communicate with Alberta Transportation on my behalf

â€ File necessary appeals and documentation

â€ Access relevant records pertaining to this case

I understand that:

â€ This consent is specific to vehicle seizure matters only

â€ I may revoke this consent at any time in writing

â€ Legal fees and costs will be as agreed upon separately

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name (Print): _____