SAN BERNARDINO COUNTY SHERIFF'S DEPARTMENT
COURT SERVICES DIVISION
LEVY INSTRUCTIONS
BUSINESS LEVY

John McMahon, Sheriff

Plaintiff/Petitioner: _____

Defendant/Debtor: _____ Case No. _____

If the writ contains multiple debtors, please indicate which debtor(s) is the owner of the going business:

_____

SECTION I (Property)

You are instructed to levy on the judgment debtor's business as follows: ***(check the appropriate box)***

☐ CONDUCT "TILL TAP" ONLY by directly seizing money from sales revenue and proceeds **(cash and check)** only from the cash register or usual money receptacle at the business.

☐ PLACE A KEEPER in the judgment debtor's business for the period of time indicated (below) to collect sales revenue and proceeds **(cash and check)** pursuant to Section 700.070(C) of the Code of Civil Procedure.

Keeper Installation Period: No. of Hours ☐ 8 hours ☐ 12 hours ☐ 24 hours No. of Day(s) _____

☐ PLACE A KEEPER in the judgment debtor's business for the period of time indicated below to collect sales revenue and proceeds **(cash and check)** and tangible personal property in the manner prescribed by the law. ***At the end of the keeper period***, or if, pursuant to CCP 700.070(b)(1), the judgment debtor objects to the placement of the keeper (check only one box below) you are hereby instructed to:

☐ Seize all cash and checks, release all other tangible property and release the keeper and leave.

☐ Seize cash and checks, inventory, move, store, and sell tangible personal property in the manner prescribed by law. ***(Note: A minimum deposit of $1,500.00 is required to cover the initial costs of levy. Pursuant to 685.100 of the Civil Code Procedure, the levying officer will not take exclusive custody of property unless the judgment creditor has deposited a sufficient sum of money to pay costs of moving and storage.)***

Keeper Installation Period: No. of Hours ☐ 8 hours ☐ 12 hours ☐ 24 hours No. of Day(s) _____

SECTION II (Business Information)

_____ Name of Business _____ Address

Business Hours: _____ Opening Time _____ Closing Time Business Days: _____ Open _____ Closed

ATTORNEY OR PLAINTIFF'S INFORMATION: (NO REFUNDS AFTER PROCESSING)

_____ PRINT NAME _____ MAILING ADDRESS

_____ SIGNATURE _____ CITY/STATE/ZIP

_____ DATE _____ DAYTIME PHONE NUMBER/CELL PHONE NUMBER

Requests for services to multiple addresses requires separate fees for each additional address.

FOR OFFICE USE ONLY

Received By: _____ **Date:** _____