



DISPOSAL AUTHORIZATION

I, _____, as assigned below, hereby authorize Statewide Restoration Services to dispose of the following items: _____

Removed from (*address*) _____

on (*date of removal*) _____ due to a (*type of disaster*) _____

damage loss that occurred on (*date of loss*) _____.

This authorization further releases Statewide Restoration Services from any future claims regarding the herein mentioned goods.

Disposal Approved By:

Insured _____ Date _____

SRS Team Lead _____ Date _____