



DISPOSAL AUTHORIZATION

Job Name: _____

Job No: _____

Job Address: _____

I, as signed below, hereby authorize _____
to dispose of the following items:

Removed from: _____

Other: _____

on _____ due to a _____ damage loss
DATE OF REMOVAL TYPE OF DISASTER

that occurred on _____.
DATE OF LOSS

This authorization further releases _____ from any future claims
regarding the herein mentioned goods.

Disposal Approved By: _____
INSURED'S SIGNATURE DATE

COMPANY REPRESENTATIVE SIGNATURE TITLE DATE