Release for Disposal of Belongings

Customer Name: _____ Date of Loss: _____

Loss Address: _____

City: _____ State: _____ Zip: _____

Insurance / Client: _____ Claim Number (*if available*): _____

The undersigned client, being the building owner, owner's representative, resident and/or owner of possessions in the attached list, hereby gives the Provider identified below permission to dispose of any and all of possessions (see attached list) from the loss site or from storage at the Provider's warehouse (identified below) in any manner that Provider sees fit.

I/We have had the opportunity to inspect the aforementioned items and agree that there is nothing of any worth or value among these items. I/We also hereby agree to hold Provider harmless and release Provider from any and all claims and responsibility in the event that there was something of value among these items, but which has, as a result of my/our instructions to Provider, been disposed of.

Provider's Warehouse Location:

Address: _____

City: _____ State: _____ Zip: _____

Client's Release

Client's Signature: _____

Printed Name: _____

Date: _____

Claims Professional Release

Claims Professional Signature: _____

Date: _____

Provider's Signature: _____

Franchise Legal Name: _____

d/b/a SERVPRO® of: _____

Date: _____