

Client Name:

Job #



Disposal Authorization

This authorization is made this _____ day of _____, 20____ by and between **FSA, Full Steam Ahead, Inc.**, hereinafter referred to as The Company, and _____ hereinafter referred to as The Customer, to proceed with its recommended procedures to dispose of the items listed below from the property located at _____.

I authorize and instruct **FSA, Full Steam Ahead, Inc.** to **dispose** of the following items.

As of _____ any items left in the home will be disposed of.
(Date)

EXECUTED AT _____, _____, on the day and year first above written.
County State

Authorized Signature: _____
Insured or Acting Agent

Print Name: _____

Date: _____

Title: _____

Claim#: _____

Full Steam Ahead, Inc. Representative

Title: _____

Date: _____