

Date: [Insert Date]

To: [Contractor/Company Name]

Address: [Contractor Address]

Phone: [Contractor Phone Number]

Subject: Authorization for Mold Remediation and Repairs

Dear [Contact Person Name],

I, [Your Name], hereby authorize [Contractor/Company Name] to proceed with the mold remediation and necessary repair services at the property located at:

Property Address: [Full Address of Property]

Scope of Work:

The authorized work includes, but is not limited to:

- Containment of affected areas.
- Removal and disposal of mold-contaminated materials.
- HEPA vacuuming and antimicrobial cleaning.
- Air filtration and dehumidification.
- Structural repairs and restoration as outlined in the estimate dated [Insert Date of Estimate].

Terms and Payment:

I agree to the total estimated cost of \$[Insert Amount]. Any changes to the scope of work or additional costs must be approved by me in writing before the work is performed. Payment will be made according to the following schedule: [Insert Payment Terms, e.g., 50% deposit, 50% upon completion].

Insurance Information (If Applicable):

Carrier: [Insurance Company Name]

Claim Number: [Insert Claim Number]

By signing below, I confirm that I am the legal owner or authorized representative of the property and grant permission for your crew to access the premises to perform the work mentioned above.

Signature: _____

Printed Name: [Your Name]

Date: _____