



ServiceMaster of Muskoka and Parry Sound

Division of T & W Cleaning Services Ltd.

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REPAIRS – RESTORATION
Statement of Authorization

Name of Customer: _____

Address: _____

Phone Number(s): _____

Insurance Company: _____ Adjuster _____

Claim # _____ Policy # _____

I hereby authorize *ServiceMASTER® of Muskoka & Parry Sound* to proceed with the necessary repairs/restoration/cleaning to my dwelling and/or contents as a result of _____ on _____

(particulars: _____

_____)

I hereby agree to pay *ServiceMASTER® of Muskoka & Parry Sound* the sum of \$_____ that represents the deductible not paid by the policy of insurance, if not already paid.

I hereby direct my insurer to pay *ServiceMASTER® of Muskoka & Parry Sound* the cost of repairs and/or cleaning approved by my adjuster.

NOTE: I understand that I am liable for any and all charges not covered by my insurance company. (You will be advised of any additional work required.) I further understand that these charges shall be made payable on or before fifteen (15) days after completion of work.

I also accept responsibility for any equipment left on premises in conjunction with the restoration services. Please do not turn off or alter equipment without first contacting our office. Do not allow children or pets around equipment. *(The customer understands that they are responsible for the loss or theft of equipment while in their care, custody and control.)*

In order to facilitate the restoration process, I hereby provide my consent and authorization to *ServiceMaster of Muskoka and Parry Sound* and it's representatives for the following: to enter into my premises as may be required; to take photographs of affected areas or items as may be necessary or expedient; to remove from my property material samples, debris or contents as may be required; to collect, use and disclose both personal information as well as material samples as may be required to provide restoration recommendations and services necessary and for the purpose of enabling my insurer to investigate my claim and for any such other lawful purpose in accordance with applicable federal and provincial laws as such may apply.

Homeowner/Customer _____ Date _____

Witness _____ Date _____