

RELEASE FORM – WATER LOSS

Job Name:	
Address:	
Date of Loss:	
I,above stated property address. The standard and recomm	to remove all equipment from the
NOT remove equipment until the affected area is 100% of	dry.
I have been advised that there is a risk of mold growth an	nd other types of secondary damage.
I agree to hold	
Signature	Date
Printed Name	-
Witness	-
Company Representative	Date
Company Name	-
Company Address	