

Roofing Giant

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ROOFING GIANT
LIFETIME ROOFING SERVICES

Letter of Authorization to Release Information

Property Owner (s) Name: _____

Property Address: _____

Phone: _____ Email: _____

Insurance Company: _____ Claim Number: _____

Mortgage Company: _____ Loan Number: _____

I/we hereby authorize Roofing Giant, a general contractor for the recovery of insurance claim and property loss restoration, to communicate with both my insurance and mortgage company regarding the full scope of work and financial details of my insurance claim referenced above. This includes any information pertaining to inspections, status, payments, or supplements. Any documents can be sent or received by all parties.

Owner Signature: _____

Company Rep Name and Signature: _____ Date: _____