



DKITM
MEMBER COMPANY



(207)828-2900 office
(207)828-5495 fax

AUTHORIZATION TO PERFORM WORK

I authorize Viking Restoration to perform the following work, BLACKWATER
DECONTAMINATION

At my property: 3 HORTON PLACE, PORTLAND,
ME

I authorize my insurance company, N/A

and its representative, N/A to discuss my individual policy as necessary with Viking Restoration and commission them to make direct payment to said company for doing this work. I request the name Viking Restoration to be included on any check or draft issued to me consequent to insurance claim. I also know that I am responsible for my deductible in the amount of \$ N/A.

As owner of this property I understand and accept that it is my responsibility to insure payment to Viking Restoration and agree that if their bill is not paid to cover all cost including those associated to collecting.

Name: Zachariah Mims
Customer/Insured

Signed: [Signature]
Date: 9-28-11