

Salvage Disposal Authorization

Insurer Name: _____

Insured Name: _____

Policy Number: _____

Claim Number: _____

Salvaged Property Details

Description	Make / Model	Serial / VIN	Year	Estimated Value
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Authorization Statement

I hereby authorize the above-named insurer to take possession of the described salvaged property and to dispose of it as deemed appropriate. I certify that I am the lawful owner or authorized representative of the insured property referenced above.

Authorized Signature

Date

Name (print): _____

Contact Number: _____