

## **Authorization to Release Report**

I,		, purchaser of the Mold Inspection Report
performed	d on the property located at	
On		understand that I am the only person
authorize	d to receive the report.	•
I hereby a	authorize Mold USA to release t	he report to the following individuals via fax at
the time of	of completion of the report.	
1.	Name	
		Fax #
2.		
	Name	Fax #
I also und	lerstand that if any additional co	pies of the report are requested, or the
secondary	copies are requested more than	5 business days after completion, they will be
		payable by credit card prior to the release of
_	,	payable by credit card prior to the release of
the report	S.	
Please pro	ovide additional copies of the re	port to the following people:
	•	
		8
1.		
	Name	Fax #
2		I wa II
2.	Name	Fax #
	Trume	I da II
٥.	Name	Fax #
4	ranic	ταλ π
т.	Name	Fax #
	Name	rax #
Signature		Date