



Greg Sims, President
P.O. Box 1560
Flowery Branch, GA 30542

Phone: 770-294-8078
Fax: 1-800-787-5960
E-mail: constructionlaborservices@gmail.com

Authorization to Release Information

Financial Institution: _____

Property Claims Department: _____

Loan Number: _____

Property Address: _____

Insurance Company: _____

Adjuster Name & Phone: _____

OBJECT: AUTHORITY TO RELEASE ACCOUNT-RELATED INFORMATION

To whom this may concern,

The undersigned hereby authorizes the disclosure and release of any and all related information in your possession, including but not limited to the insurance proceeds, loan terms, mortgage status, principle balance/ payoff, credit, financial, salary, banking, debt and tax information, disbursement schedules, inspection schedules, and/or any other related materials or needed documentation in order to complete the demolition, improvement, repair, new construction, to Construction Labor Services, as required, until further notice.

This authorization is valid until all waiver of lien releases and a certificate of occupancy is given to said homeowner. Please keep a copy of my release request for your files.

Thank you for your cooperation.

Homeowner / Daytime Phone

Notary

Homeowner / Daytime Phone

Construction Labor Services, LLC