



Canstar Restorations LP
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Canada

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DISPOSAL AUTHORIZATION

Date: _____ Job No. _____

Customer Name/Address: _____

I/We, _____, hereby authorize Canstar Restorations LP to dispose of the following:

By signing below, I/we waive, release and forever discharge Canstar Restorations LP, its employees, officers, directors, and affiliates, from any liability whatsoever:

INSURED/OWNER/Authorized Rep. Signature

COMPANY Representative Signature

Print Name

Print Name

Date

Date