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AUTHORIZATION TO ALTER FIRE EVIDENCE

CASE/CLAIM #: _____ POLICY #: _____

CARRIER/DEPARTMENT: _____

CASE NAME/INSURED: _____

LOSS LOCATION: _____

INCIDENT DATE: _____ INVESTIGATOR CASE #: _____

AFA CASE #: _____

I, _____, of _____

am authorized to permit Analytical Forensic Associates to cut or otherwise alter evidence from the above reference case in order to place in an appropriate container for the recovery of ignitable liquid residues. I understand that the evidence will be forever changed from its original shape or form as was initially submitted to Analytical Forensic Associates.

SIGNED: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

PLEASE FAX THIS FORM TO 770.982.0206 OR EMAIL TO office@afalabs.com