



3100 Five Forks Trickum Road • Suite 104  
Lilburn, GA 30047  
Phone: 770.982.0210 • 877.FIRELAB  
Fax: 770.982.0206  
www.afalabs.com

## AUTHORIZATION TO DESTROY 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 destroy all the physical evidence from the above referenced case presently held in the secured evidence storage facility. I further understand that the evidence will be destroyed shortly after receipt of this authorization form.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE FAX THIS FORM TO 770.982.0206 OR EMAIL TO [office@afalabs.com](mailto:office@afalabs.com)**