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## 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 [sara@afalabs.com](mailto:sara@afalabs.com)**

"EXCELLENCE IN FIRE DEBRIS ANALYSIS"