

RELEASE TO	
Business Name	
Contact	
Address Line 1	
Address Line 2	
City	
State/Providence	
Zip/Postal Code	
Country	
Phone	
Email	
SCENE INFORMATION	
Insured Name	
Policy No.	
Claim No.	
DR Order ID No.	
Investigation No.	
Date of Fire	
Date Evidence Taken	
LIST OF SAMPLES -- LOCATION ACQUIRED	
1	
2	
3	
4	
5	
AUTHORIZATION	
I hereby give authorization to Data Resources, Inc. to release the evidence involved in the above referenced case.	
SIGNED	
PRINTED	
DATE	
EVIDENCE RELEASED BY DATA RESOURCES INC.	
The undersigned is a representative of Data Resources, Inc.	
SIGNED	
PRINTED	
DATE	