Date: [Insert Date]

To: [Vendor Name]
Attention: [Contact Person]
Address: [Vendor Address]

Subject: Authorization for Snow Removal Services

Dear [Vendor Name],

This letter serves as formal authorization for your company to perform snow removal and ice management services at the following location(s):

Property Name/Address: [Insert Property Address]

Scope of Work:
Please proceed with the services as outlined in our signed agreement, including:

- Plowing of parking lots and driveways.
- Shoveling of all sidewalks, entryways, and emergency exits.
- Application of salt or de-icing agents to all walking and driving surfaces.

Activation Threshold:
Services should be initiated automatically when snow accumulation reaches [Number] inches, or as specifically requested by [Authorized Personnel Name].

Billing Instructions:
Please submit all invoices to [Department/Email Address] within [Number] days of service. Each invoice must reference Work Order Number: [Insert number if applicable].

If you have any questions regarding this authorization, please contact [Name] at [Phone Number].

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]