

**Date:** [Insert Date]

**To:** [Insert Remediation Contractor Name]

**Address:** [Insert Contractor Address]

**Subject: Authorization for Mold Remediation Services**

To whom it may concern,

This letter serves as formal authorization for [Contractor Name] to perform mold remediation services at the following property:

**Property Address:** [Insert Full Address]

**Unit Number:** [Insert Unit Number, if applicable]

The scope of work authorized includes, but is not limited to:

- Inspection and assessment of affected areas.
- Containment and air filtration.
- Removal of mold-contaminated materials.
- Cleaning, sanitizing, and antimicrobial treatments.
- Post-remediation clearance testing.

**Financial Terms:**

The total cost for these services is authorized up to the amount of \$[Insert Amount]. Any additional expenses or discoveries that exceed this budget must be approved in writing by [Insert Name of Property Manager/Owner] prior to proceeding.

**Access Instructions:**

Access to the unit has been coordinated with the tenant. Please contact [Name] at [Phone Number] to confirm entry timing.

Please send all invoices and clearance reports to [Insert Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title: Property Manager/Owner]

[Company Name]

[Phone Number]