

Date: [Insert Date]

To: [Vendor Name/Company]

Address: [Vendor Street Address]

City, State, Zip: [Vendor City, State, Zip]

Subject: Authorization for Mold Remediation Services

Dear [Contact Person Name],

This letter serves as formal authorization for [Vendor Company Name] to proceed with mold remediation services at the following property address:

Property Address: [Insert Full Property Address]

The scope of work is authorized based on the estimate/proposal dated [Insert Date of Proposal] (Reference Number: [Insert Quote Number, if applicable]). Authorized services include, but are not limited to:

- Containment of affected areas
- Removal and disposal of mold-contaminated materials
- HEPA vacuuming and antimicrobial cleaning
- Air filtration and dehumidification
- Post-remediation clearance testing (if applicable)

Terms and Conditions:

- **Not to Exceed Amount:** The total cost for these services shall not exceed \$[Insert Amount] without prior written approval.
- **Timeline:** Work is scheduled to commence on [Start Date] and is expected to be completed by [Completion Date].
- **Compliance:** All work must be performed in accordance with industry standards (e.g., IICRC S520) and local health and safety regulations.

Please provide a copy of the final clearance report and an itemized invoice upon completion of the project.

If you have any questions, please contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Role, e.g., Property Manager or Owner]