

MOLD NOTIFICATION FORM RELEASE OF LIABILTY

41 Greenkill Ave Kingston, NY 12401 <u>support@homemasterny.com</u> <u>www.homemasterny.com</u> (845)-202-3481

	PROPERTY INFORMATION		
Property Owner:			
Property Address:			
City:	State:	Zip:	
Phone: Home Mobile	Email:		
	INSURANCE INFORMATION		
Insurance Company:	Dec	Deductible: \$	
Adjuster Name:	Office Number:	Ext:	
Mobile:	Email:		
Policy Number:	Claim Number:		
	we have identified potential mold growth. HOMEMA les. We will notify your insurance company of our obs	•	
Please assist us in the following manner:			
- Do not enter or disturb the dama	ged area until remediation procedure is determine	ed.	
- Do not tamper with any protectiv	ve barriers or equipment that may be placed on yo	ur property.	
 Please notify us immediately if eleother reason. 	ectrical power to your home is interrupted or our	equipment stops working for any	
Thank you for this opportunity to serve you.	. If you need to reach us or have any questions, please	e call us day or night at 845-338-4821	
	RELEASE OF LIABILITY		
I/We	Owner/resident (s) of the property located	d at	
City	State	Zip Code	
	of HOMEMASTER, LLC ("HOMEMASTER") has noting I/we have instructed HOMEMASTER to stop any further	-	
consultants, successors, and all other related actions, causes of action, demands, rights, day	and hold harmless HOMEMASTER and/or any of its a persons, firms corporations, associations or partners lamages, costs, loss of service, loss of rents, expenses are as a result of any foreseen or unforeseen consequent EMASTER to the above-stated property.	hips of and from any all claims, and compensation whatsoever, which	
Property Owner Signature	e HOMEMASTER, LL	C Representative Signature	
I certify that I have read the above statements,	I am authorized to sign this MOLD NOTIFICATION FOR	RM AND RELEASE OF LIABILITY,	

that the above statements are true and correct to the best of knowledge and belief and that my signature typed constitutes my signature.