



**AWT ENVIRONMENTAL SERVICES, INC.**

Professional Contractors in Site Remediation,  
Decontamination and Waste Management

## AUTHORIZATION FORM FOR RESIDENTIAL SOIL REMEDIATION SERVICES

Name of Property Owner: \_\_\_\_\_

Address of Property: \_\_\_\_\_  
\_\_\_\_\_

### **Selected Contractor**

This is to certify that AWT Environmental Services, Inc. (AWT) is the selected contractor to perform services as described in Proposal # \_\_\_\_\_ and dated on \_\_\_\_\_.

### **Access Agreement**

I hereby authorize AWT to access my property for the purposes of performing the agreed upon services. I recognize that some equipment and materials may be stored on the property during the project. Personnel will enter the property to perform the work, however, I will be notified if personnel must enter outside of weekday work hours.

### **Direction to Pay**

As the owner of said property I hereby direct \_\_\_\_\_  
(Insurance Carrier) to make payments to AWT for the work once performed. I have confirmed that my insurance carrier is providing 100% allocation for this project.

\_\_\_\_\_  
Print Name of Property Owner

\_\_\_\_\_  
Authorized Signature and Date of Property Owner

P.O. Box 128  
Sayreville, NJ 08871  
(732) 613-1660  
Fax (732) 613-1536