

# Building Restoration Services, Inc.

Insurance Reconstruction Specialists  
2539 Seven Springs Blvd., New Port Richey, FL 34655  
Phone (813)854-2212 Fax 813-854-5534  
Email: Restoremybuilding@gmail  
License # CBC1255250  
FID#26-1090972

## Borrower's Authorization

Date \_\_\_\_\_

I/we \_\_\_\_\_ the insured (borrower) of the property

located at: \_\_\_\_\_, \_\_\_\_\_, Florida  
\_\_\_\_\_.

I/we authorize Building Restoration Services, Inc, specifically Amy LeFever to handle the processing of our insurance loss draft (to include scheduling of inspections) through

\_\_\_\_\_  
(Mortgage company name)

\_\_\_\_\_  
Check Claim #

\_\_\_\_\_  
(Account/loan number)

\_\_\_\_\_  
(Phone number)

\_\_\_\_\_  
(Last 4 Digits of SS #)

Please Make checks payable and send to:

Building Restoration Services, Inc.  
2539 Seven Springs Blvd.  
New Port Richey, Fl. 34653

Please feel free to contact us with any questions.  
Sincerely,

\_\_\_\_\_  
(Print Name of the borrower/insured)

\_\_\_\_\_  
(Signature of borrower/insured)