



Client / Insured Information

Contact : _____

Address : _____

Contact's Phone No. : _____ Contact's Mobile No. : _____

Type Of Engagement Undertaken : Direct Engagement With Antillia Emergency Network Pty Ltd

Account : _____

Appointment Information

Job Category : _____ Work Order No. : _____

Appointment No. : _____ Client Work Order No. : _____

Authority Provided

Created Date : _____ Created Time : _____

I/We, (as owner/tenant) request and authorise Antillia Emergency Network Pty Ltd - (AEN), and its representatives access to the above-mentioned property and to remove from that property (Address) and subsequently dispose of items/materials/carpets deemed by them to be non-salvageable. I/We, confirm to AEN that we can provide this authority and I/We are not aware of anything that would prevent AEN and its representatives from exercising this authority.

Client Signature

Signature : _____ Signed By : _____

Date : _____ Type : Client