

20 Robart Street
P.O. Box 26365
West Haven, CT 06516
Dunn.Richard@sbcglobal.net



mobile: (203) 530-7979
office: (203) 389-8457
toll free: (877) Dunn Env
386-6368
facsimile: (203) 389-2007

Asbestos • Mold • Lead

Attn. Claim Rep: _____

Fax Number: _____

E-Mail Address: _____

Date: _____

Please make all payments to:

Dunn Environmental Inspections, Inc.
20 Robart Street
West Haven, CT 06516

Direction to Pay:

Richard Dunn 203-389-8457
Rich@DunnEnv.com
dunn.richard@sbcglobal.net

I authorize Dunn Environmental Inspections, Inc. to perform all necessary inspection and testing on the property located at: _____

Additionally, I authorize the insurance company to send payments for Environmental Inspection work directly to Dunn Environmental Inspections, Inc.

The insured has the right to be named as a joint payee on the payment instrument.

Insured Signature

Date

Printed

Claim Information:

Insurance Company: _____

Insured: _____

Claim Number: _____ Date of Loss: _____

Dunn Environmental Inspections