

ATTN CLAIM REP:

FAX NUMBER:

FROM: _____ @ **Dudley Street Auto
Body**

TEL: **781-648-0805**

FAX: **781-641-2639**

DIRECTION TO PAY

I authorize the insurance company to send payments for repairs directly to
Dudley Street Auto Body.

I also acknowledge that this form is required for the release of my vehicle if this
claim has not been paid in its entirety upon completion of repairs.

Signature Policyholder or Claimant

Date

CLAIM INFORMATION & SHOP INFORMATION:

INS COMPANY: _____

INSURED/CLAIMANT: _____

CLAIM #: _____

DATE OF LOSS: _____

Mass RS# 0000584

Tax ID# 042-849-606

Hazardous Waste# MAD980913065

Liability Insurance# S1939131

Mass Appraisers License# 013449

SEND PAYMENT TO:

DUDLEY STREET AUTO BODY

34 DUDLEY ST.

ARLINGTON, MA 02476

****Attention Claim Representative****

This vehicle will not be released until DTP acceptance is received by shop
Please provide proof of DTP acceptance, in writing, by one of the following:

Email: **info@dudleystreetauto.com**

Fax: **(781)641-2639**

Claim Rep Signature: _____ Date: _____

