

NOTIFICATION OF LEAD-BASED PAINT HAZARD REDUCTION COMPLETION AND FINAL VISUAL RISK ASSESSMENT AND CLEARANCE TESTING RESULTS

Date of Final Visual Risk Assessment/Clearance: _____

Address/Location of Property: _____
(Include apartment# if applicable)

City State Zip

Property Owner Name(s): _____

Property Owner Address: _____

Property Owner Phone#: _____

(Area Code)

Start Date of Rehabilitation and/or Lead Hazard Reduction Activities: _____

Completion Date of Rehabilitation and/or Lead Hazard Reduction Activities: _____

Firm or Organization Conducting Rehabilitation and/or Lead Hazard Reduction Activities:

Name: _____

Address: _____

City State Zip

Phone#: _____

(Area Code)