

LEAD HAZARD EVALUATION NOTICE - AFTER HAZARD REDUCTION ACTIVITY

Homeowner Name: _____

Address: _____

Date: _____

Summary of Hazard Reduction Activity:

Date of Hazard Reduction Activity: _____

Location(s) of Hazard Reduction Activity: _____

Nature, Scope and Results of Hazard Reduction Activity:

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Location of remaining undisturbed Lead-Based Paint: _____

Contact person for more information about the Hazard Reduction Activity:

Name: _____

Organization: _____

Address: _____

Phone #: _____

Person who prepared this notice:

Printed name: _____

Signature: _____

Date: _____

Organization: _____

Address: _____

Phone #: _____

Homeowner Acknowledgement:

Signature: _____

Date: _____

*See attached LBP Hazard Clearance Report