



NOTIFICATION OF LEAD HAZARD REDUCTION

TYPE OF NOTICE *(Check one)*

Initial Notification Amend Notification (Circle amended information) Cancel Notification

ENTITY PERFORMING LEAD HAZARD REDUCTION

Was the work ordered by a public health agency? Yes No *(If "Yes" mark agency below)*

Minneapolis St Paul/Ramsey Dakota Co Hennepin Co St Louis Co Stearns Co MDH

If property owner is conducting work:

Property Owner Name: _____

Property Owner Address: _____

City: _____ State: _____ ZIP: _____ Phone #: (____) - ____ - _____

I have completed lead safe work practice training as required by Minnesota Rules, 4761.2220, item A.

Signature of Property Owner: _____ Date of Training: ____/____/____
mm/dd/yyyy

If firm is conducting work:

Company/Sole Proprietor Name: _____ Certification #: _____

Company/Sole Proprietor Address: _____

City: _____ State: _____ ZIP: _____ Phone #: (____) - ____ - _____

Lead Supervisor: _____ License #: _____ Phone #: (____) - ____ - _____

WORK SITE INFORMATION

Building Name: _____

Site Address: _____

City: _____ State: _____ ZIP: _____

Property Owner: _____ Phone #: (____) - ____ - _____

Name of Contact for Work Site: _____ Phone #: (____) - ____ - _____

WORK ACTIVITIES *(Check all that apply)*

Exterior: Doors Windows Siding Porch Soffits Other

Interior: Doors Windows Walls Floors Other

WORK ACTIVITY DATES *(Must notify MDH 5 calendar days prior to beginning work)*

Start Date: ____/____/____ mm/dd/yyyy Start Time: _____ AM PM

End Date: ____/____/____ mm/dd/yyyy End Time: _____ AM PM

I certify that the above information is true and correct and all work will be performed according to MN Rules, chapter 4761.

Signature of Lead Supervisor/Property Owner: _____ Date: ____/____/____
mm/dd/yyyy

Fax to: (651) 201-4606 or

Mail to: Minnesota Department of Health, PO Box 64975, St Paul, MN 55164-0975

Questions? Please call (651) 201-4620 or visit our website at <http://www.health.state.mn.us/lead>