**Property Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Building Owner Name | | | | | Year Property Built  *(for registration, property must be built before 1978)* | | | | | |
| Building Address | Unit or Apt # | | | City | | State | | | Zip Code | |
| Are there other Units/Apartments at above mentioned building address? | | Yes   No | If yes, please indicate number of total rental units at building address: | | | | | One (1)  Two (2) | | Three (3) Four (4) |
| Contact Person/Manager/Principal (if other than owner) | | | | | | | Best Contact Phone Number  (     )       - | | | |
| Name of Local Lead Inspector who performed testing or Risk Assessor who Certified Abatement | | | | | | | | | | |

**Local Lead Inspection Information***For owners applying for 3-year and 6-year Lead Safe Certificates*

|  |  |
| --- | --- |
| Date of Initial Local Lead Inspection      /     / | Passed (eligible for 6-year Lead Safe Certificate)  Failed |
| Date of Local Lead Re-Inspection  *(if applicable)*       /     / | Passed (eligible for 3-year Lead Safe Certificate)  Failed |
| Date of Local Lead Re-Inspection  *(if applicable)*       /     / | Passed (eligible for 3-year Lead Safe Certificate)  Failed |
| Date of Local Lead Re-Inspection  *(if applicable)*       /     / | Passed (eligible for 3-year Lead Safe Certificate)  Failed |
| Date of Local Lead Re-Inspection  *(if applicable)*       /     / | Passed (eligible for 3-year Lead Safe Certificate)  Failed |
| **Note: Property must pass local lead inspection to register as a Lead Safe Property** | |

**Certificate Information**

|  |  |
| --- | --- |
| Type of Certificate Application is for *(Check Appropriate Box)* | |
| 1-year Lead Safe Certificate  *(Proof of Federal Assistance must be attached)* | 3-year Lead Safe Certificate |
| 6-year Lead Safe Certificate | 20-year Lead Safe Certificate  *(Proof of abatement must be attached)* |

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| **This form is accompanied by the following required information:**  Completed Local Lead Inspection (performed by Local Lead Inspector)  OR  Proof of Abatement Work on Property  AND  Registration Fee ($45 per unit) |

**Property Owner Information *(necessary to mail Lead-Safe Certificate)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Property Owner Name | | | | |
| Owner Address | Unit or Apt # | City | State | Zip Code |

**Property Owner Signature**

|  |  |
| --- | --- |
| Signature | Date       /     / |

**For Internal Use by Toledo-Lucas County Health Department**

|  |
| --- |
| Property Owner Contacted  Data Entered  Lead-Safe Certificate Mailed (Date:      /     /     )  Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |