**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**

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| 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 PropertyAND[ ]  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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |