

Please return this form to:

NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Environmental Radiation Protection
Empire State Plaza, Corning Tower
12th Floor, Room 1218
Albany, NY 12237
518-402-7556
radon@health.ny.gov

For Office Use Only

Special Study Code	_____
Detector Number(s)	_____

Please type or print using black or blue ink.

1. Name

FIRST _____ LAST _____ MI _____

2. Mail detector(s) to the following address

STREET _____ CITY _____ STATE _____ ZIP _____

3. Detector(s) will be used at the following address (Please supply if different from mailing address)

STREET _____ CITY _____ STATE _____ ZIP _____

4. County, Town/Village

COUNTY _____ TOWN OR VILLAGE _____

5. Telephone

DAY (_____) EVENING (_____) BEST TIME TO CALL _____

6. a. Have you used radon detectors in this home in the past? YES NO

If YES, did you get your test kit through the New York State Department of Health? YES NO

7. Type of building to be tested

- Residential Commercial School College Daycare
 Hospital/Nursing Home Government Building

8. Do you currently have a radon mitigation system installed? YES NO

If yes, who installed the system? _____

I certify that I am not a dealer of radon measuring detectors and that none of the radon detectors sent to me by the New York State Department of Health will be resold. I agree that the device is intended for the purpose of measuring radon levels in my home, daycare or school only.

SIGNATURE _____ DATE _____

The New York State Department of Health, Bureau of Environmental Radiation Protection will use the information in this order form and the results of the radon test for state-wide public health investigations of radon. Your name, address and telephone number will be held confidential by the Department of Health and will not be released without your prior written permission.

Number of Detectors Ordered

_____ Short term radon detectors at \$12.25 each = \$ _____ TOTAL

Please note that one short-term radon detector is sufficient to measure radon concentrations for 2,000 square feet by floor.

Make check or money order payable to the New York State Department of Health. **Do Not Send Cash.**

Where did you receive information about the New York State Department of Health's Radon Program?

- Check ONE box only.
- CNY Coalition for Healthy Indoor Air web site
 - Internet Search
 - Television Public Service Announcement
 - Friend/Neighbor/Family Member
 - Radio Public Service Announcement
 - Real Estate Agent
 - Home Inspector
 - Building Contractor
 - DOH Website
 - DOH Publication
 - EPA Publication
 - Newspaper Advertisement (please specify) _____
 - Other (please specify) _____