



Town of East Longmeadow

Health Department

60 Center Square, East Longmeadow MA 01028

Phone (413) 525-5400 X 1106

Tammy Spencer, MS, RS
Public Health Director

REQUEST FOR DETERMINATION OF LEAD HAZARDS AND ENFORCEMENT OF THE LEAD LAW

Date: _____ 20__

I, _____, request that the
print name of occupant

print name of local Board of Health

inspect my residence or dwelling unit for lead paint.

The address of this residence or unit: _____
Street number, Street, and Apartment Number

_____, Massachusetts.
City or Town *Zip code*

The telephone number to reach me there is: (_____) _____
Phone Number

My email address: _____

Child or children under the age of six (6) years who reside(s) in this household:

Name Birth date Name Birth date

Name Birth date Name Birth date

The following Race/Ancstry information is optional. Please circle one:

- (1) Black, non Hispanic (2) Hispanic (3) White, non Hispanic (4) Asian/Pacific Islander
- (5) American Indian/Alaskan Native (6) Other _____

Was the residence built before 1978? _____ Yes _____ No

I understand that the lead determination requested may include all rooms of the dwelling unit or residential premises, common areas, porches and accessible exterior areas, as well as other buildings within the property lines. I further understand that if there is a child under six (6) years of age in residence, and the determination hereby requested identifies lead hazards in violation of Massachusetts

General Laws, chapter 111, section 197, and Regulations for Lead Poisoning Prevention and Control, 105 Code of Massachusetts Regulations 460.110 and .750, such violations must be either delead for full compliance, or the unit must be brought under interim control, at the property owner's expense. The property owner must correct all violations, whether for full compliance or interim control, within 120 days of the receipt of an Order to Correct Violations. The property owner must also submit within 60 days of the receipt of such an Order, a copy of a signed contract with a licensed deleader, if one will be necessary for the required work. If the owner or his/her agent is going to perform owner/agent deleading work, the owner must also submit a special form within 60 days. If the owner fails to comply with the Order to Correct Violations, then the Board of Health shall initiate judicial proceedings against the owner to enforce the Order.

The Massachusetts Department of Public Health, Childhood Lead Poisoning Prevention Program (CLPPP) conducts random audits of inspections conducted by private inspectors and risk assessments conducted by private risk assessors following lead determinations. Such monitoring is performed to assure the quality of services being provided to the public. By requesting this determination, you also agree to allow CLPPP access to your residential premises or dwelling unit during or after the initial determination, and prior to your returning once any deleading, whether for full compliance or interim control, is completed. Not all private inspections or private risk assessments will be audited, so you may not hear from CLPPP requesting access for these additional visits.

Please complete both sides of this form, sign, and return it to:

East Longmeadow Health Department
60 Center Square
East Longmeadow, MA 01028

Signature of Occupant