

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources
Lead Assistance Programs

Client Sign Off and Comments

The lead-based paint (LBP) hazard reduction measures have been installed to my residence.

Client Comments:

Are you satisfied with the work performed on your home? Yes No

How would you rate the level of service you received?

Excellent Good Fair Poor

I acknowledge that my home has received LBP hazard reduction assistance, it will not be provided LBP hazard reduction assistance again unless the home is in need of LBP hazard reduction due to an act of God.

Signature of Occupant or Owner

Date

Agency Final Inspection

"I have performed a final inspection at the unit listed above. All the measures listed above have been installed (unless otherwise noted). The contractor's installations:

- Met program standards and passed final inspections
- Corrective Action Was Required – please provide comments
- Rework Required- please provide comments

Did the work pass initial lead clearance? Yes No

Date of Initial Clearance: _____

Date Final Clearance: _____

Agency Comments Regarding Contractor's Work:

Signature of Lead Assistance Program Representative

Date