

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

Radon Testing Waiver

Client Name (owner or tenant living at the address): _____

File ID: _____

Address: _____

Job#: _____

I, _____, the owner of this dwelling, waive my right to confidentiality as per N.J.S.A. 26:2D-73 regarding radon testing of my property. The radon test results may be disclosed to the non-profit organization that is handling the weatherization project for which I am applying. I am aware that radon test results will be sent to the address above that is tested. If the address is a property for which I am the landlord, the current tenant will receive the radon test results. I may obtain the radon test results from the tenant or non-profit organization.

OWNER Signature: _____ *Date:* _____

AGENCY Signature: _____ *Date:* _____

Measurement Business should also send results to:

Agency Name: _____

Agency Contact: _____

Agency Address: _____