

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

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**Radon Testing Waiver**

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

File ID: \_\_\_\_\_

Address: \_\_\_\_\_

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: \_\_\_\_\_