

**Radon Test Kit Order Form**

\$15.00

Kit # \_\_\_\_\_

(# To be entered by a UGA representative upon completing order)

**Homeowner Agreement Form**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address of Home to be Tested (required): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (If PO Box or Different Than Above): \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

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

I plan to test:        Basement        First Floor

How did you learn of the UGA Radon Program? \_\_\_\_\_

I agree to allow the University of Georgia Cooperative Extension to receive a copy of my radon test results. I understand that I may be contacted by a University of Georgia Radon Educator regarding my results to help me understand what I can do to reduce radon levels in my home and thus reduce the risk for lung cancer. Please note that test results may be available to other parties through the Georgia Open Records Act.

I Agree to the Above (Required)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print and Mail this completed form along with \$15.00 check or money order payable to**