## FORM 1 – Renovation Work in a Single Dwelling Unit

Notification Prior to Renovation, Remodeling, or Repainting

Address:			Year Built:	
General Nature of Work: Weatherizat	ion Location of Work:			
Expected Start Date:	Expected Completion I	Date:		
I have received the pamphlet entitled potential health risk associated with rehazards. I received the pamphlet befo	emodeling, renovation or repainting		_	
Printed Name of Owner	Signature of Owner	Date	must be distributed within 60 days of the beginning	
Printed Name of Occupant	Signature of Occupant	Date	of lead safe work occurring, including the day work begins.	
Printed Name of Contractor	Signature of Contractor	Date	day work bogins.	
Contractor Address	City	State	Phone	
List of ALL Known Occupants			<del>.</del>	
As an alternative to delivery in person, receipt or its equivalent at least 7 days  On, I sent the Attach receipt for certified mail or its equivalent	before the work begins. pamphlet to the owner and/or te		Complete the center portion of the form if the	
Printed Name of Contractor	Signature of Contractor	Date	pamphlet was mailed to the owner and/or tenant	
Contractor Address	City	State	Phone	
Renovate Right, to the unit listed belo acknowledgement. I further certify the	od-faith effort to deliver the pamp wat the dates and times indicated, at I have left a copy of the pamphlet a od-faith effort to deliver the pamp below at the dates and times incat I have left a copy of the pamphlet a	hlet Lead Poisoning and that an adult of the unit with the of the Lead Poisoning dicated, and that at the unit.	g: How to Protect Iowa Families or occupant was unavailable to sign the occupant. g: How to Protect Iowa Families or	
Contractor Address	City	State	Phone	