Landlords Disclosure Of Radon Gas Hazards In A Residential Rental Property

Residential Rental Unit Number Or Other Identifier:_____

Residential Rental Unit Address (Rental complex name if applicable, street address, city, state, zip code):

_____

_____

_____

A radon test in the unit identified above was completed on _____/_____/_____. A re-test must be completed within 10 years. (day) (month) (year)

OR

Radon testing was not conducted in the unit identified above but was conducted in other parts of the building where the unit is located. The testing was completed on _____/_____/_____. A re-test must be completed within 10 years. (day) (month) (year)

The radon level found in the above identified unit (or, if the unit was not tested, the highest level found during testing in other parts of the building) was _____ pCi/l. A copy of the original results report is available for viewing by the Lessee or potential Lessee. Radon levels of 4 pCi/l or higher shall be mitigated within six months of the test completion date. (Exception: If a permit is required for mitigation, the mitigation shall be completed within six months of permit approval date.)

A document explaining the hazards of radon, *Radon in Rental Housing-A Serious Hidden Danger to Family Health* is attached..

ACKNOWLEDGEMENT OF RADON GAS HAZARDS DISCLOSURE

The signatures below acknowledge that the landlord or their agent has disclosed to the lessee or potential lessee information about elevated radon gas as required by 14 M.R.S.A. Section 6030-D. This acknowledgement does not constitute a waiver of any rights.

Landlord (printed)	Date	Landlord (signed)	Date
Lessee (printed)	Date	Lessee (signed)	Date
Lessee (printed)	Date	Lessee (signed)	Date
Agent (printed)	Date	Agent (signed)	Date

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