



HOUSING & ENVIRONMENT

The University of Georgia Cooperative Extension

FREE RADON TEST KIT

Kit # _____

Homeowner Agreement Form

Last Name: _____ First Name: _____ MI: _____

Home Street Address: _____

Mailing Address (if different) _____

City: _____ State _____ Zip Code: _____ County: _____

Daytime Phone Number: (____) _____ - _____

Email Address: _____@_____

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 could do to reduce radon levels in my home and thus reduce the risk for lung cancer.

We are using the Radon program as a joint education project in the classroom. We would like to use the information data that we collect with our test results to create a map of the area. As the homeowner, you will not be identified by name, only by test results. I agree to allow the University of Georgia Cooperative Extension to use my test results to create a map for educational purposes.

Signature: _____ Date: _____

This Radon Education Program is primarily funded by the US Environmental Protection Agency through the Georgia Department of Consumer Affairs.