

**Lead Abatement Notification**Notification type:  Original  Revision  Emergency  Cancellation

<b>Property information</b>		For DHS use only – Notice number:	
Type	<input type="checkbox"/> Single-family dwelling <input type="checkbox"/> Multi-family dwelling, number of units: _____	<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> K-12 school	<input type="checkbox"/> Registered lead-safe property
Street address		Unit number(s)	City
Contact person		Phone number	
Owner		Phone number	
<b>Project details</b>			
Lead abatement type <input type="checkbox"/> Ordered abatement <input type="checkbox"/> Federally funded abatement <input type="checkbox"/> Property applying for lead-free or lead-safe certificate <input type="checkbox"/> All other abatement		Building occupancy during abatement <input type="checkbox"/> Occupied by residents and/or personal items <input type="checkbox"/> Vacant	
Areas affected <input type="checkbox"/> Interior, number of rooms: _____ <input type="checkbox"/> Exterior, estimated area: _____ ft <sup>2</sup> <input type="checkbox"/> Windows, quantity: _____		Restricted practices planned <input type="checkbox"/> Removing components (such as windows) <input type="checkbox"/> Power washing <input type="checkbox"/> Machine chipping, grinding, planing, or sanding	
Project start date (mm/dd/yy)		Project end date (mm/dd/yy)	
Work days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Work shift(s): <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>			
Risk assessment date (mm/dd/yy)	Investigator name	Investigator DHS number	<input type="checkbox"/> No risk assessment
<b>Contractor information</b>			
Company name		DHS company number	
Mailing address		City	State
Contact person		Phone number	
<b>Signature</b>			
As a certified lead abatement supervisor and authorized representative for the certified lead company above, I certify that, to the best of my knowledge, the information on this form is true and correct.			
		LCS - _____	
Signature – Lead Abatement Supervisor		DHS number	Date signed
<b>Questions? Call 608-261-6876.</b>			

Email this form to [dhsasbestoslead@wi.gov](mailto:dhsasbestoslead@wi.gov) or fax to 608-266-9711 at least 2 working days before starting the project. (Working days are Monday through Friday, excluding holidays. A notice received by DHS after 4:00 p.m. will be dated as the next working day.)