FORM 1 – WORK DONE IN A SINGLE DWELLING UNIT NOTIFICATION PRIOR TO RENOVATION, REMODELING, OR REPAINTING

Address Where Work is Being Done:					
General nature of work:					
Location of work:					
Expected starting date:					
Printed Name of Owner	Signature of	ignature of Owner		Date	
Printed Name of Occupant	Signature of	ature of Occupant		Date	
Printed Name of Contractor	Signature of Contractor			Date	
Contractor Street Address		City	State	Phone	
Note Regarding Certificate of Mailing Option As an alternative to delivery in person, you may mail the pamphlet to the owner and/or tenant via certified mail with return receipt or its equivalent at least 7 days before the work begins.					
On, I sent the pamphlet to the owner and/or tenant by Attach receipt for certified mail or its equivalent.					
Printed Name of Contractor	Signature of Contractor			Date	
Contractor Street Address If the pamphlet was delivered, but the signature of the box below:	e known adu	City Ilt occupant could no	State t be obtained, ch	Phone seck the appropriate	
☐ I certify that I have made a good-faith effort to deliver the pamphlet, <i>Lead Poisoning: How to Protect Iowa Families</i> , to the unit listed below at the dates and times indicated, and that an adult occupant was unavailable to sign the acknowledgment. I further certify that I have left a copy of the pamphlet at the unit with the occupant.					
I certify that I have made a good-faith effort to deliver the pamphlet, <i>Lead Poisoning: How to Protect Iowa Families</i> , to the unit listed below at the dates and times indicated, and that the occupant refused to sign the acknowledgment. I further certify that I have left a copy of the pamphlet at the unit.					
Printed Name of Person Certifying Lead Pamphlet Delivery		Signature of Perso	on Certifying Le	ead Pamphlet Delivery	
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Attempted Delivery Date and Time		ere Pamphlet was Left (ex., taped to the door, slipped under door, etc.)			
Printed Name of Contractor	Signature of	gnature of Contractor Date			
Contractor Street Address		City	State	Phone	