

Office of the  
**Board of Health**

Municipal Offices

166 Boulder Drive, Suite 108

Fitchburg, MA 01420

978-829-1870

**REQUEST FOR DETERMINATION OF LEAD HAZARDS  
AND ENFORCEMENT OF THE LEAD LAW**

Date: \_\_\_\_\_ 20\_\_\_\_

I, \_\_\_\_\_, request the Childhood Lead Poisoning Prevention  
print name of occupant

Program to inspect my residence or dwelling unit for lead paint:

The address of this residence or unit: \_\_\_\_\_  
Street and Apt/Unit Number

\_\_\_\_\_, MA \_\_\_\_\_. The telephone  
City or Town Zip Code

number to reach me there is: (\_\_\_\_\_) \_\_\_\_\_.  
Phone Number

The child (ren) under the age of six (6) years who reside(s) in this household is/are:

\_\_\_\_\_  
Name Birth date Name Birth date

\_\_\_\_\_  
Name Birth date Name Birth date

Was the residence built before 1978? \_\_\_\_\_ Yes \_\_\_\_\_ No

I understand that the lead determination requested may include all rooms of the dwelling unit or residential premises, common areas, porches and accessible exterior areas, as well as other buildings within the property lines. I further understand that if there is a child under six (6) years of age in residence, and the determination hereby requested identifies lead hazards in violation of Massachusetts General Laws, chapter 111, section 197, and Regulations for Lead Poisoning Prevention and Control, 105 Code of Massachusetts Regulations 460.110 and .750, such violations must be either delead for full compliance, or the unit must be brought under interim control, at the property owner's expense. The property owner must correct all violations, whether for full compliance or interim control, within 120 days of the receipt of an Order to Correct Violations. The property owner must also submit within 60 days of the receipt of such an Order, a copy of a signed contract with a licensed deleader, if one will be necessary for the required work. If the owner or his/her agent is going to perform owner/agent deleading work, the owner must also submit a special form within 60 days. If the owner fails to comply with the Order to Correct Violations, the Health Department shall initiate judicial proceedings against the owner to enforce the Order.

The Massachusetts Department of Public Health, Childhood Lead Poisoning Prevention Program (CLPPP) conducts random audits of inspections conducted by private inspectors and risk assessments conducted by private risk assessors following lead determinations. Such monitoring is performed to assure the quality of services being provided to the public. By requesting this determination, you agree to allow CLPPP access to your residential premises or dwelling unit after the initial determination and prior to your returning once any deleading, whether for full compliance or interim control, is completed. Not all private inspections or private risk assessments will be audited, so you may not hear from CLPPP requesting access for these additional visits.

**Please complete this form and email to Stephen D. Curry @ [scurry@fitchburgma.gov](mailto:scurry@fitchburgma.gov), or fax it to 978-829-1962 or mail it to the address below. If you have not heard back from the Health Department in 1-2 weeks, call 978-829-1870.**

**City of Fitchburg Health Dept.  
166 Boulder Drive-Suite 108  
Fitchburg, MA 01420**

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Signature of Occupant

CLPPP Form No. 4, 11-84 (BOHREQUEST.DOC)  
Parental Req. for Determin.  
Rev. 6/99, 10/97, 10/02, 4/2011