

## **NOTIFICATION OF LEAD ABATEMENT**

The address, including apartment numbers, where abatement will be conducted:

Street address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

The dates when abatement will be conducted: \_\_\_\_\_

The name, address, telephone number, and Iowa certification number of the certified firm that will conduct the work:

Name: \_\_\_\_\_ Iowa Certification Number: \_\_\_\_\_  
Street address: \_\_\_\_\_ Firm Contact's Signature: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_

The name, address, telephone number, and Iowa certification number of the certified abatement contractor who will serve as the contact person for the project:

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Iowa Certification Number: \_\_\_\_\_  
Contractor's Signature: \_\_\_\_\_

The name, address, and telephone number of the property owner:

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_

Whether the dwelling is owner-occupied or a rental dwelling:

☐ Owner-occupied ☐ Rental

If the dwelling is an occupied rental, the names of the occupants:

\_\_\_\_\_  
The approximate year that the dwelling was built: \_\_\_\_\_

A brief description of the abatement work to be done:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Iowa Department of  
Inspections, Appeals &  
Licensing must **RECEIVE** this  
form **SEVEN** days before  
beginning the lead abatement  
work. Send or email this form to:

Bureau of Environmental Health  
& Contractor – LEAD  
Iowa Department of Inspections,  
Appeals & Licensing  
6200 Park Avenue Suite 100  
Des Moines, IA 50321  
Email: lead@dia.iowa.gov