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STATE OF CONNECTICUT
LEAD INSPECTION DWELLING UNIT DATA PAGE

ADDRESS OF PROPERTY INSPECTED (Street): _____

UNIT OR APARTMENT NO. _____

CITY: _____ ZIP CODE: _____

DATE(S) OF INSPECTION: _____

YEAR PROPERTY BUILT: _____

INDICATE NUMBER OF:

ROOMS: _____ BEDROOMS: _____ BATHROOMS: _____

DOORS: _____ WINDOWS: _____

NAME OF PROPERTY OWNER: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS OF PROPERTY OWNER: _____

City: _____ State: _____ Zip Code: _____

INSPECTOR'S NAME: _____ TELEPHONE NUMBER: _____

INSPECTOR'S TITLE: _____

CT CERTIFIED YES ___ NO ___ DATE OF CERTIFICATION/RECERTIFICATION _____

NAME OF INSPECTION COMPANY/AGENCY: _____

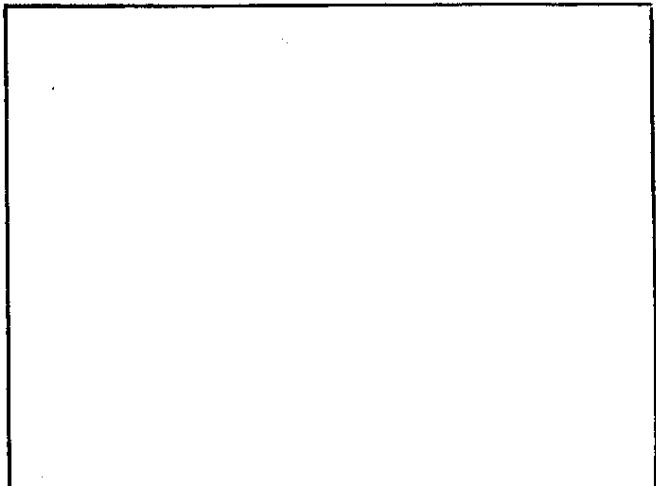
ADDRESS OF INSPECTION COMPANY/AGENCY: Street _____

City: _____ State: _____ Zip Code: _____

Diagram of Unit (Label Rooms by Number Clockwise from AD Corner; Identify Kitchens, Bathrooms, Hallways, and Entry Vestibules by Name; Indicate Closets as CL)

C

Floor # _____
of _____ in unit



B

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