

NOTICE OF DANGEROUS CONDITION(S)

Name of Weatherization Participant:			
Address:		Date of Energy Audit:	

The Department of Public Health and Human Services' Weatherization contractor has performed an energy audit of the dwelling located at the above address. ***The contractor has identified one or more conditions in the dwelling that may be dangerous to the health and/or safety of persons living in the dwelling. The following is a list of the dangerous condition or conditions identified by the contractor:***

The list above includes all dangerous conditions of which the Weatherization contractor has knowledge. However, there may be other dangerous conditions that are not known to the contractor.

The Department and its contractor will NOT repair or fix the dangerous condition or conditions listed above, because such work is beyond the scope of the Weatherization Program. It is the responsibility of the property owner to make repairs or fix this condition or conditions. The purpose of this notice is to make the property owner and persons living in the property aware of the possible hazards so that they can take appropriate steps to remedy the situation and/or protect themselves.

I have read the foregoing Notice of Dangerous Condition(s). I understand that the condition or conditions described above may present a serious threat to the health and/or safety of persons living in the dwelling. I understand that the Department and its Weatherization contractor are not responsible to repair or fix these conditions and that it is the responsibility of the property owner to make the necessary repairs or fix the condition or conditions.

Signature of Resident of Dwelling		Date	
Signature of Property Owner		Date	

CERTIFICATE OF SERVICE

I certify that I provided a copy of the foregoing Notice of Dangerous Condition(s) to

_____ and _____

by _____ [hand delivery or mailed] on the _____ day of _____, _____.

Signature and title of person who delivered or mailed notice	Date
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