



**Department of Inspectional Services  
Worcester, Massachusetts**

**Lead Unit**

**John R. Kelly**  
Commissioner/  
Building Commissioner

**Amanda M. Wilson**  
Housing/Health Inspections

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

I, \_\_\_\_\_, request the Worcester Department of Inspectional Services, Childhood Lead Poisoning Prevention Program to inspect my residence for lead paint.

Address: \_\_\_\_\_, Worcester, MA

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

Name	DOB	Name	DOB
	/ /		/ /
	/ /		/ /
	/ /		/ /
	/ /		/ /

I understand that the lead inspection requested will encompass all rooms of the dwelling unit, 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 inspection hereby requested identifies lead hazards in violation of Massachusetts General Law, Chapter 111, section 197 and Regulations for Lead Poisoning Prevention and Control, section 460.750, such violations must be corrected at the property owner's expense. The owner must correct all violations within 120 days of receipt of an Order to Correct Violations. The owner must also submit a contract with a licensed deleader within sixty (60) days of receipt. The Department shall initiate judicial proceedings against the owner if necessary to enforce compliance.

\_\_\_\_\_  
Occupant's signature

or \_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Occupant's telephone number

\_\_\_\_\_  
Owner's address

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Owner's telephone number