

**APPENDIX H**  
**Example of Dust Abatement Access Consent Form**

## CONSENT FOR ACCESS TO PROPERTY

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Address(es) of Property(ies): \_\_\_\_\_  
\_\_\_\_\_

I hereby consent to grant officers, employees, contractors, sub-contractors and authorized representatives of the United States Environmental Protection Agency (EPA) access to the interior of my home and/or property for the purpose of interior dust abatement. The home dust abatement program being offered at this time consists of vacuuming floors and walls with a special vacuuming system. This system is portable and compact and easy to use. A team of bonded representatives will be providing the service at no charge to the homeowner.

Videotaping of the interior of the residence will be necessary to provide backup documentation in the event of any claims. It will be necessary that someone remain at the residence for one or two days while it is being vacuumed. This lead abatement program is offered only to homeowners who have or will grant access to their property for the remediation of in their yards. These activities are necessary to interrupt the movement of lead through soil dust, house dust, and paintdust.

If you want the process completed in your home and prefer to do it yourself, please note in the appropriate space and arrangements will be made to schedule the loan of a HEPA-VAC unit to you.

This written permission is given voluntarily with the knowledge of its right to refuse and without threats or promises of any kind. I understand that, if any damage to my property results from these activities or any work conducted by the USEPA or its authorized representatives, then the USEPA or its authorized representatives shall repair or replace such damage.

\_\_\_\_\_  
Date

- I grant access to my property for Representatives of the EPA to video and vacuum.
- I wish to make arrangements to vacuum myself.
- I do not grant access to my property.

\_\_\_\_\_  
Signature

Please return as soon as possible for scheduling of work. If you should have any questions please contact [LOCAL CONTACT NAME] at [PHONE NUMBER].