



MUNICIPAL COMPLEX • PISCATAWAY, N.J. 08854
TOWNSHIP OF PISCATAWAY

LEAD SAFE INSPECTION REQUEST FORM

RENTAL PROPERTY ONLY STATE REQUIREMENT

\$75.00 FEE

*****Please complete application clearly*****

Property Address: _____ **Block:** _____ **Lot:** _____

Property is: **Single Family/Condo/Townhouse** **Two Family** **Year built:** _____

Was the Landlord Registration submitted for this year? : **YES** **NO**

Landlord Name: _____ **Phone:** _____

Landlord Address: _____

Applicant's phone number (if not homeowner): _____

Tenant Name: _____ **Tenant Phone #:** _____

Tenant Name: _____

Tenant Name: _____

Tenant Name: _____

Email: _____

Print Name of Landlord or Applicant

Signature of Landlord or Applicant

Date