

**SECTION 1018 THE REAL ESTATE NOTIFICATION AND DISCLOSURE RULE
TIP/COMPLAINT FORM**

(Please print using ink)

Date: _____

Time: _____

Official Taking Call (name/title): _____

Official's Phone Number: _____

State (circle one): Connecticut

Status of Person Initiating Tip/Complaint: ___ **Purchaser** (Buyer)
 ___ **Tenant** (Lessee)
 ___ **Other** (Describe: _____)

Did sale or rental involve a Seller's Agent or Lessor's Agent? ___Y ___N
(If Agent involved, also include Agent's name, address & phone # under Agent/Broker below.)

Complainant's Name & Address

Phone#: () _____

Alleged Violator's Name & Address

Phone#: () _____

Address of Sale or Rental Property

Phone#: () _____

Name & Address of Agent/Broker

Phone#: () _____

Age of Property or Year Built (if known): _____
Ages of Children Residing in the Apartment/House: _____
Are there known elevated blood levels at this address? ___Y ___N ___Unknown

Alleged Violation: _____

(over ->)

Sales Transaction

Date Purchase and Sale Agreement Obligated Purchase of Property? _____

Rental Transaction

Is the lease agreement written or unwritten? ___ Written ___ Unwritten

Date of Initial Lease: _____

How long has the Complainant resided at the unit? _____

How many units are in the Complainant's building? _____

Number of pre-1978 residential units owned/managed by the Lessor/Agent: _____

General Questions

Type of Housing (circle one, if applicable): Private Military HUD-Assisted Federal

Did complainant receive any information about lead-based paint/lead-based paint hazards? ___Y ___N ___Unknown

Did complainant receive an EPA-approved lead hazard information pamphlet? ___Y ___N ___Unknown

Agency Information

(Please complete & attach any applicable supporting documents)

- 1. Has your organization conducted any inspections at the property confirming the presence of lead-based paint and/or lead-based paint hazards? ___Y ___N
- 2. Has your organization issued an order(s) to reduce lead hazards at this property? ___Y ___N If so, when was it issued? _____
- 3. Has your organization received any tips and complaints in the past regarding this Seller/Lessor/Agent? ___Y ___N
- 4. Have there been any other reported elevated blood levels at this property or other properties owned/managed by the Seller/Lessor/Agent? ___Y ___N

Fax or Mail to:

Molly Magoon, U.S. EPA NEW ENGLAND; One Congress St., (SEP), Boston, MA 02114
Fax # (617) 918-1809 Voice# (617) 918-1848

Copy:

Connecticut Department of Public Health; 410 Capitol Avenue, MS #51LED; P.O. Box 340308
Hartford, CT 06134-0308; Fax # (860) 509-7295 Voice # (860) 509-7299

For EPA Use Only

Date received: _____ Action: _____ EPA rep. _____