

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND COMMUNITY RESOURCES

WEATHERIZATION ASSISTANCE PROGRAM
RADON TESTING WAIVER

Agency Name: _____
Client Name: _____ File ID: _____
Address: _____

I, _____ the owner of this dwelling, waive my right to confidentiality as per N.J.S.A. 26:2D-73 regarding radon testing and mitigation of my property. The radon test results and mitigation information may be disclosed (*insert agency name*) handling the weatherization project for which I am applying.

Client Signature: _____ Date: ____/____/_____
Agency Signature: _____ Date: ____/____/_____