VERMONT
DEPARTMENT OF HEALTH

Division of Environmental Health

Radon Kit Request Form

For Office Use Only
Radon Detector #: _____

To receive a complimentary radon detector, please provide the following information and submit the form by e-mail or select the 'Print' button to mail or fax the form to the Radon Program.

First Name _____ Last Name _____

Contact Number _____ ☐ Cell ☐ Home ☐ Work

Physical Address of Property Being Tested (required)

'E911' Street Address _____

Town _____ State VT Zip _____

Mailing Address

☐ mail kit to physical address

Street _____

Town _____ State _____ Zip _____

Has this property been tested using the free VDH long term kit before? ☐ Yes ☐ No

Please allow 2 – 4 weeks for delivery.
This offer is only valid for properties located in Vermont.

Please submit completed form to:

VT Dept of Health, Radon Program
Division of Environmental Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

1.800.439.8550
fax: 802.863.7483
e-mail: radon@state.vt.us
website: http://healthvermont.gov/enviro/rad/radon.aspx

To Submit Via E-mail:

1) **Save** the completed form
2) Attach to an e-mail to radon@state.vt.us with the subject "Radon Kit Request"

Print

8/5/2011