



BOSTON CHILDHOOD LEAD POISONING PREVENTION PROGRAM (BCLPPP)

ENVIRONMENTAL HEALTH OFFICE

PARENTAL INSPECTION/INFORMATION REQUEST FORM

*All information must be obtained before request can be processed. After request thoroughly completed submit to Lead Follow-up Coordinator and Health Education Coordinator.

Parent Name: _____

Child Name: _____ D.O.B. _____

Child Name: _____ D.O.B. _____

Child Name: _____ D.O.B. _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Phone #: _____

(Day)

(Evening)

Request Date: ____/____/____

Received By: _____

(initials)

1010 MASSACHUSETTS AVENUE, 2nd FLOOR, BOSTON, MASSACHUSETTS 02118

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