City of Toledo

# Lead Paint Remediation

**First Name**

**Last Name**

**Email**

**Phone Number**

**I prefer a:**

- ☐ Phone call
- ☐ Email

**I am a(n):**

- ☐ Owner/Landlord
- ☐ Owner-occupant
- ☐ Tenant
- ☐ Contractor

**I have:**

- ☐ Children under 6 y.o.
- ☐ Health Department orders