



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF PUBLIC HEALTH PROTECTION

Lori A. Shibinette
 Commissioner

Patricia M. Tilley
 Director

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 www.dhhs.nh.gov

ANNUAL Request to Remove from the Residential Rental Market

I. PROPERTY OWNER CONTACT INFORMATION

Name		Phone	
Mailing Address		Suite/Apt.	
City	State	Zip Code	
Email address			

II. PROPERTY INFORMATION

Street Address		# of Units	
City	State	Zip Code	

Unit #	Occupant(s) Names and Relation to Owner	DPHS Order NO(s)	Owner-Occupied* (Y/N)

***Owner-occupied as defined by RSA 130-A:1, XVIII and will remain so until the Order(s) has been satisfied. Please read, understand, and be aware of this legal restriction.**

III. CERTIFICATION STATEMENT

I hereby certify as (check applicable box):

Owner(s)

Owner's Agent (explain and provide documentation) _____

that the dwelling and/or dwelling unit(s) indicated above have been removed from the residential rental market and the information provided on this form is true and accurate to the best of my knowledge. I further certify that I have read, understand, and agree to comply with the New Hampshire Lead Poisoning Prevention Rules (He-P 1600) and the Lead Poisoning Prevention Statute (RSA 130-A) and acknowledge that any dwelling or dwelling unit(s) under an Order of Lead Hazard Reduction cannot be returned to the residential rental market until such time as the Order of Lead Hazard Reduction has been satisfied.

Date: _____

Signature

Print Name

IV. SUBMIT THE ANNUAL REQUEST TO REMOVE FROM THE RESIDENTIAL RENTAL MARKET BY ONE OF THE FOLLOWING:

Scan and email: nhleadprogram@dhhs.nh.gov

Fax: 603-271-3991

Mail: NH Department of Health and Human Services
Healthy Homes and Lead Poisoning Prevention Program
29 Hazen Drive
Concord, NH 03301-6504

This certification statement is valid for one (1) year from the date of signature above. If the dwelling unit(s) is to remain off the residential rental market, **this certification statement must be submitted annually.** Failure to submit this certification annually shall result in a \$1,000.00 Administrative Fine for noncompliance with an Order.

Please note that the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP) has the right to conduct compliance checks of all properties under Order. If the dwelling unit or dwelling unit(s) is certified as owner-occupied and a non-owner is found to be living in the unit(s), without a valid Certificate of Compliance, the property owner shall be subject to fines of \$5,000.00 per incidence.