



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

29 HAZEN DRIVE, CONCORD, NH 03301
 603-271-4524 1-800-852-3345 Ext. 4524
 Fax: 603-271-8705 TDD Access: 1-800-735-2964
 www.dhhs.nh.gov

Extension Request Form

I. PROPERTY OWNER CONTACT INFORMATION

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

II. PROPERTY INFORMATION

Property Address		DPHS Order No(s).
City	State	Zip Code
What is your current deadline?	Is the Property Vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many children under the age of six are living at the property?		

III. ORDER OF LEAD HAZARD REDUCTION PROOF OF PROGRESS

Will you be using the HUD grant funding for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach evidence of application acceptance)
Has a full risk assessment/lead inspection been completed for this property? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach Report)
Has a work plan for this project been developed? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach)
Has an occupant protection plan been developed for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach)
Has the lead hazard reduction work been scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach Notification of Work Form)
Do you have any other proof of progress toward satisfying the Order of Lead Hazard Reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach other proof)

IV. TENANT INFORMATION (Attach an additional sheet if more space is needed)

Unit No.	First and Last Names of all Adults and Children Residing in the Unit	Tenant Mailing and Physical Address	Tenant Telephone Number and Email Address	Are there any Children Under the Age of 6 residing in this Unit?	Are you aware of any pregnant tenants residing in this unit?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. SPECIFICS AND REASONING

What is the requested deadline? _____

Please check if there are **circumstances beyond your control** that have prevented you from complying with the Order of Lead Hazard Reduction or taking some required action including:

- Personal injury or serious illness of the person or immediate family member (explain below)
- Death in person's immediate family (explain below)
- Other compelling reason or justification (explain below)

VII. STATEMENT OF COMPLIANCE

I 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). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Date: _____

Property Owner Signature

Print Name

The DHHS/HHLPPP may grant extensions for a reasonable period of time based on evidence of progress. The criteria for evidence of progress is described in detail in the *Administrative Order(s) of Lead Hazard Reduction*. This form, along with evidence of progress, must be received at the HHLPPP at least 5 business days prior to the expiration of the Order.

VI. SUBMIT THE EXTENSION REQUEST FORM BY ONE OF THE FOLLOWING:

Scan and email: nhleadprogram@dhhs.nh.gov

Fax to: 603-271-3991

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