

# ACTIVATED CHARCOAL RADON DETECTOR ORDER FORM



## Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## General Information

1. Order Type: Are you ordering to test your home, school, business, or a health dept. (please check one)

Health Dept.     Home     School     Business     Daycare     Other

2. Foundation Type: (please check all that apply)

Basement     Crawlspace     Slab on Grade     Other

3. Have you previously tested for radon?     Yes     No

4. Does your home/building currently have a radon mitigation system (radon reduction system) installed?     Yes     No

    ➔ If yes, what type is it?     Passive (no fan)     Active (includes fan)

5. When was your home/building built?

Pre-1900     1901-1920     1921-1940     1941-1960

1961-1980     1981-2000     2001-current     Don't know

6. How did you hear about this offer? \_\_\_\_\_



**Number of A.C. Detectors Requested \_\_\_\_\_ x \$15 each = Total \$ \_\_\_\_\_**

**Please make checks payable to American Lung Association of the Upper Midwest**

**For questions, contact Cathy Byus (217) 787-5864; cathy.byus@lung.org**

**Mail to: American Lung Association, Attn:**

**Radon Test Kit Program, 3000 Kelly Lane, Springfield, IL 62711**

Detector Number: \_\_\_\_\_