

ALPHA TRACK RADON DETECTOR ORDER FORM



Contact Information

First Name _____ Last Name _____

Address _____

City, State, Zip Code _____

County _____ Phone Number _____

E-Mail Address _____

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 \$30 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, 2501 Chatham Rd, Suite 200, Springfield, IL 62704

FOR OFFICE USE ONLY

Detector Number: _____