



UNIVERSITY OF GEORGIA
EXTENSION

Radon Test Kit Order Form

\$15.00

Kit # _____

(# To be entered by a UGA representative upon completing order)

Homeowner Agreement Form

First Name: _____ MI: _____ Last Name: _____

Street Address of Home to be Tested (required): _____

City: _____ State: _____

Zip Code: _____ County: _____

Mailing Address (If PO Box or Different Than Above): _____

Daytime Phone Number: _____

Email Address: _____

I plan to test: Basement First Floor

How did you learn of the UGA Radon Program? _____

I agree to allow the University of Georgia Cooperative Extension to receive a copy of my radon test results. I understand that I may be contacted by a University of Georgia Radon Educator regarding my results to help me understand what I can do to reduce radon levels in my home and thus reduce the risk for lung cancer. Please note that test results may be available to other parties through the Georgia Open Records Act.

I Agree to the Above (Required)

Signature: _____ Date: _____

Print and Mail this completed form along with \$15.00 check or money order payable to (see below). Mail to the Radon Educator designated for your county. Limit one kit per form - Limit two kits per home. Radon Test kits will be mailed to homeowner. Choosing your county from the drop-down box above will provide you with your radon agent below. Please note test kits are for Georgia residents only. We do not ship out of state.

MAKE CHECK PAYABLE to The University of Georgia.

MAIL CHECK AND ORDER FORM TO

UGA Radon Program

228 Hoke Smith Annex

Athens, GA 30602

email: ugaradon@uga.edu for questions