



RADON TEST ORDER

"Breathe easy, we're here!"

At Home Radon, Inc.

INSPECTION DATE: _____

SET DATE/TIME: _____
(if specific time is required)

ADDRESS: _____

CITY, STATE, ZIP: _____

PART OF TOWN: _____

HOUSE VACANT: YES NO

ENTRY METHOD: ELEC COMBO _____

CUSTOMER NAME: _____

PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

SEND REPORT TO: BUYER BUYER'S AGENT OTHER PLEASE SPECIFY: _____
 HOME INSPECTOR: alexia@athomeradon.com

LISTING AGENT

BUYER'S AGENT

NAME _____
COMPANY _____
PHONE _____
FAX _____
E-MAIL _____

NAME _____
COMPANY _____
PHONE _____
FAX _____
E-MAIL _____

RADON MEASUREMENT SPECIALIST CONTACT INFO:

David Workman: 513-470-2416, David Holmes: 513-256-4623, Brett Frey: 513-509-1154

JOB NOTES/WARNINGS, ETC...

REQUESTED BY:

COMPANY _____
NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
BUSINESS PHONE _____
CELL PHONE _____
FAX _____
E-MAIL _____

OFFICE USE ONLY

BOX # _____

SET DATE/TIME _____

PICK UP DATE/TIME _____

pCi/L

NOTES:

(PRICE)

Suggested work lead time: 36 hours notice. Inspector will use this form when requesting radon test appointment. Please fax form to 513-672-2800 or e-mail to andrea@athomeradon.com & alexia@athomeradon.com. At Home Radon, Inc. will invoice monthly unless otherwise noted. All radon test results will be sent via e-mail unless otherwise requested.

Thank you for your business!

PO Box 43400 ■ Cincinnati, OH 45243 ■ (513) 561-TEST (8378) ■ 513-672-2800 (fax) ■ www.athomeradon.com