



**CUYAHOGA COUNTY BOARD OF HEALTH
RADON TEST KIT
APPLICATION**

Please fill out this form and mail it to the address indicated at the bottom of this sheet. You will receive your radon test kit by mail within two (2) weeks of processing your form.

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____

Number of Test Kits requested: _____
(\$6.00 each/ 2 for \$10.00)

Amount Enclosed: _____
(Cash or check made out to Cuyahoga County Board of Health)

Please mail this form with payment to:

**Cuyahoga County Board of Health
5550 Venture Dr.
Parma, OH 44130**