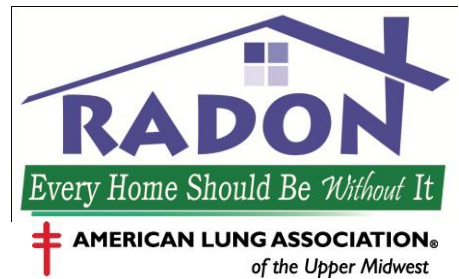


# ACTIVATED CHARCOAL RADON DETECTOR ORDER FORM



## 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     Other

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

Basement     Crawlspace     Slab on Grade     Other

3. How many people live in the home? \_\_\_\_\_

4. How many years have you lived in the home? \_\_\_\_\_

5. Approximately how much of a 24 hour day do you spend inside the home?

\_\_\_\_\_

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



Number of A.C. Detectors Requested \_\_\_\_\_ x \$10 each = Total \$ \_\_\_\_\_

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

**For questions, contact Cathy Byus (217) 787-5864 cbyus@lungil.org**

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

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

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