



owner certification of methamphetamine decontamination

Property Name	Date
Owner Entity	Owner Representative Name

The undersigned, _____ (“Owner”), hereby certifies that for the units specified below that were not habitable for occupancy due to methamphetamine contamination:

<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner has complied with all state and local laws relating to methamphetamine testing and clean up prior to opening the unit(s) for occupancy, including hiring a certified third-party consultant. Third-party consultant entity name: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	The owner has followed all recommendations of such third-party consultant prior to opening the unit(s) for occupancy.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Any variations made in following the recommendations of such third-party consultant were approved by the local authority.
<input type="checkbox"/> Yes <input type="checkbox"/> No	A post-decontamination report clearing the impacted unit(s) or a link to an online report(s) is provided with this certification.

unit number	date unit became uninhabitable	date unit was cleared for occupancy	is post-decontamination report attached?	provide link to post-decontamination report, if not attached
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

signatures

Print Name of Owner’s/Agent’s Representative	Signature	Date
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