

## EXHIBIT 2-Y1

### NOTICE OF LEAD-BASED PAINT INSPECTION

Address/location of property or structure(s) this summary notice applies to:

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Lead-based paint inspection description:

Date(s) of inspection: \_\_\_\_\_

Summary of inspection results: (Check all that apply.)

- (a) \_\_\_\_\_ No lead-based paint was found.  
(b) \_\_\_\_\_ Lead-based paint was found.  
(c) \_\_\_\_\_ A brief summary of the findings of the inspection is provided below  
(required if lead-based paint is found).

Summary of where lead-based paint was found: (List at least the housing unit numbers and common areas (for multifamily housing), and building components (including type of room or space, and the material underneath the paint).)

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(Attach more sheets, if required.)

\_\_\_\_\_  
NAME (Contact person for more information about the Inspection)

\_\_\_\_\_  
Organization

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\_\_\_\_\_  
Address

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Phone Number

\_\_\_\_\_  
NAME (Person who prepared this Notice of Inspection)

\_\_\_\_\_  
Organization

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\_\_\_\_\_  
Address

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Phone Number

## EXHIBIT 2-Y2

### **Notice Of Lead-Based Paint Risk Assessment**

Address/location of property or structure(s) this summary notice applies to:

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Lead-based paint risk assessment description:

Date(s) of risk assessment: \_\_\_\_\_

Summary of risk assessment results (Check all that apply):

- (a) \_\_\_\_\_ No lead-based paint hazards were found.  
(b) \_\_\_\_\_ Lead-based paint hazards were found.  
(c) \_\_\_\_\_ A brief summary of the findings of the risk assessment is provided below  
(required if any lead-based paint hazards were found).

Summary of types and locations of lead-based paint hazards:

(List at least the housing unit numbers and common areas (for multifamily housing), bare soil locations, dust-lead locations, and/or building components (including type of room or space, and the material underneath the paint), and types of lead-based paint hazards found.)

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NAME (Contact person for more information about the risk assessment)

Organization

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Address

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Phone Number

NAME (Person who prepared this Notice of Risk Assessment)

Organization

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Address

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Phone Number

## EXHIBIT 2-Y3

### Notice Of Lead Hazard Evaluation Or Presumption

Notice that lead-based paint or lead-based paint hazards are presumed to be present at (provide address/location of property or structure(s):

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Type of presumption: (Check all that apply.)

- (a) \_\_\_\_\_ Lead-Based paint is presumed to be present
- (b) \_\_\_\_\_ Lead-Based paint hazard(s) is (are) presumed to be present.

Summary of presumption: (List at least the housing unit numbers and common areas (for multifamily housing), bare soil locations, dust-lead locations, and/or building components (including type of room or space, and the material underneath the paint), and types of lead-based hazards presumed to be present.)

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\_\_\_\_\_  
NAME (Contact person for more information about the presumption)

\_\_\_\_\_  
Organization

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\_\_\_\_\_  
Address

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\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
NAME (Person who prepared this Notice of Presumption)

\_\_\_\_\_  
Organization

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\_\_\_\_\_  
Address

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\_\_\_\_\_  
Phone Number

## EXHIBIT 2-Y4

### Notice Of Lead Hazard Reduction

Notice of completion of lead-based paint hazard reduction activity at (provide address/location of property or structure):

\_\_\_\_\_  
\_\_\_\_\_

Hazard reduction activity start date: \_\_\_\_\_

Hazard reduction activity end date: \_\_\_\_\_

Summary of presumption: (List at least the housing unit numbers and common areas (for multifamily housing), bare soil locations, dust-lead locations, and/or building components (including type of room or space, and the material underneath the paint), and types of hazard reduction activities performed at the locations listed.)

\_\_\_\_\_  
\_\_\_\_\_

Dates of clearance testing and/or soil analyses: \_\_\_\_\_

Locations of building components with lead-based paint remaining in the rooms, spaces or areas where activities were conducted: \_\_\_\_\_

\_\_\_\_\_

Summary of results of clearance testing and soil analyses:

- (a) \_\_\_\_\_ No clearance testing was performed.
- (b) \_\_\_\_\_ Clearance testing showed clearance was achieved.
- (c) \_\_\_\_\_ Clearance testing showed clearance was not achieved.

\_\_\_\_\_  
NAME (Contact person for more information about hazard reduction)

\_\_\_\_\_  
Organization

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
NAME (Person who prepared this Summary Notice)

\_\_\_\_\_  
Organization

\_\_\_\_\_

\_\_\_\_\_  
Address

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Phone Number