



**OFFICIAL USE ONLY**

**Historic Waste Program Management Office**  
25 Henderson Street, Port Hope, ON L1A 0C6  
905.885.0291 • info@phai.ca

**REQUEST FOR RADIOLOGICAL STATUS LETTER**

Property Address / Description: \_\_\_\_\_

Property owner(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone and email address: \_\_\_\_\_

Please check all boxes that apply:

- I am the property owner / we are the property owners
- I am acting on behalf property owner(s) to obtain this information (Power of Attorney document required)

Name: \_\_\_\_\_

Should this property be listed for sale, I / we authorize CNL to discuss the results of the PHAI Property Radiological Survey for this property with potential purchasers and/or their representative

I / we authorize CNL to email a copy of the Radiological Status Letter to my real estate or legal representative.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

By including my legally binding written or electronic signature below I am approving the contents of this document

Signature	Printed Name	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you would like to schedule an appointment with CNL staff to review the information that will be summarized in the *Radiological Status Letter*, please contact us at 905.885.0291 or info@phai.ca.

**Note:** Personal information collected on this form is required for communications purposes to respond to your request for a *Radiological Status Letter* and is protected under the federal Privacy Act.  
For additional information, please contact the Privacy Director at CNL or go to [www.aecl.ca/access-to-information-and-privacy-acts/](http://www.aecl.ca/access-to-information-and-privacy-acts/)

**Please save and send this completed form to CNL:**  
25 Henderson St., Port Hope, ON L1A 0C6 • Fax: 905.885.9344 • Email: info@phai.ca