



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 select one of the two following boxes and sign in the designated area below:

[] I am the property owner / we are the property owners.

Or

[] I am acting on behalf property owner(s) to obtain this information (Legal documentation must be supplied if this box is checked, e.g. Power of Attorney, Trustee, Appointment of Estate, etc.)

Please also check all boxes that apply:

[] 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.

Real Estate/Legal Representative Name:

Real Estate/Legal Representative Email:

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

SIGNATURE OF OWNER OR LEGAL DESIGNATE

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 response 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/

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