



**Attachment C**

**LEADS SAFE HOMES PROGRAM  
Lead Inspection Payment Requisition Form**

**Inspector Information**

Firm: \_\_\_\_\_ Tax I.D. # \_\_\_\_\_  
Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Inspector Name: \_\_\_\_\_ RI Certification #: \_\_\_\_\_

**Services and Reimbursable Expenses**

**1. HUD Risk Assessment**

a. Risk Assessment report/Expenditure for services per unit \$475= \$ \_\_\_\_\_

**2. Comprehensive Environmental Lead Inspection (CELI)**

a. Single Family (includes ext., water & soil) \$425= \$ \_\_\_\_\_  
b. Multi Family (per unit, including common areas) \_\_\_\_x \$375= \$ \_\_\_\_\_

**3. Limited Inspection**

a. Hazard Confirmation (3 surfaces per room, including soil sampling and common area price for 2-3 units) \$300= \$ \_\_\_\_\_

**4. Downgrade Inspection**

a. Interior of Building \$250= \$ \_\_\_\_\_

**5. Comprehensive Clearance**

a. Single Family \$425= \$ \_\_\_\_\_  
b. Multi-Family (per unit including common areas) \$390= \$ \_\_\_\_\_

**6. Clearance**

a. Single \$220= \$ \_\_\_\_\_  
b. Interior Only \$200= \$ \_\_\_\_\_  
c. Exterior/Common \$200= \$ \_\_\_\_\_  
d. Soil Only \$200= \$ \_\_\_\_\_

**7. Return Inspection Site Visit by Program Request**

\$155= \$ \_\_\_\_\_

**8. Variance Waiver Fee**

\$450 = \$ \_\_\_\_\_

**9. Courier Fee**

\$175 = \$ \_\_\_\_\_

**10. Hourly rate (Request only and subject to approval)**

\$120/hr = \$ \_\_\_\_\_

**SERVICES TOTAL \$ \_\_\_\_\_**

**PAYMENT REQUEST**

I certify that I have performed a Comprehensive Inspection or a Clearance Inspection and collected environmental samples at the above listed property in accordance with the RI Rules and Regulations for Lead Poisoning Prevention and Program protocols. Enclosed are the lead inspection report(s) and/or Lead Safe Certificate for each unit inspected and proof that the reports were sent. I certify that a complete inspection report has been provided to the property owner and each affected tenant.

**I request payment in the Amount of \$ \_\_\_\_\_ for inspection services rendered.**

\_\_\_\_\_  
Certified Lead Inspector Signature

\_\_\_\_\_  
Date