

**RESIDENTIAL REMOVAL ACTION RESPONSE
PRE-REMOVAL AND COMPLETION AGREEMENT**

RAR Property Address: _____
Owner/Designee Name: _____
Mailing Address: _____
Phone: _____

Date: _____
Removal Contractor Supervisor: _____
Phone: _____

PRE-REMOVAL AGREEMENT

Removal Action Response Work to be Performed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Relocation: No

Yes: Children (< 5 yr.) Health Issues: _____ Work Nights Other: _____
Adults: _____ # Children: _____ Estimated Nights: _____ Estimated Dates: _____

Verification: _____

Owner/Designee:

(Signature) (Printed Name) (Date)

Removal Contractor Supervisor/Designee:

(Signature) (Printed Name) (Date)

COMPLETION AGREEMENT

Removal Action Response Items Completed on: _____ Inspected on: _____

The signature below indicates the following:

- that the removal action response items to be performed listed above were completed on the above listed removal action response property to my satisfaction;
- the property has been properly re-vegetated;
- lawn care guidelines were given to me and reviewed; and
- the removal action response is considered complete with no further action required.

Any items of concern are listed below.

Comments: _____

Owner/Designee:

(Signature) (Printed Name) (Date)

Removal Contractor Supervisor/Designee:

(Signature) (Printed Name) (Date)