

**[Insert Name of Board of Health/Program Here]****Acknowledgement of Receipt****Date**

This form, when signed, certifies receipt of the [Insert name of health department here] to [Control Lead Hazards OR Non-compliance order] at the property located at **Street, City, State Zip**. The order was issued on **Month day, year** pursuant to section 3742.37 of the Ohio Revised Code and rule 3701-30-09 of the Ohio Administrative Code.

Recipient: _____
(Print Name)

Recipient Signature: _____

[Enter Health Department] Staff: _____
(Print Name)

[Enter Health Department] Staff Signature: _____

Comments: _____
