

Property Access Agreement for Soil Sampling

Owner Name				
	Last		First	
Street Address				
	Street	City	State	Zip
Mailing Address				
	Street/PO Box	City	State	Zip
Phone (Day)		(Evening)		
E-mail address				
Property Access (c	ircle one): Sample anyti	ime/Schedule an appointm	nent:Best time(s) /	Day(s)
Dogs: Yes/No Loc	ked Gates: Yes/No Se	eptic: Yes/No Undergr	ound Utilities: Ye	es/No
Safety Hazards: Are	e there any unsafe areas	we should stay away fron	n? Please describe) :
		g to if you sign this form. Fr rmation at bottom of the p		f you
Agreement Langua	ge			
(deleted Agents) of t and take soil sample owner, your landlord	he Washington State De es to analyze for arsenic I must provide a signed a	ve, and give my permissic partment of Ecology (Ecol and lead . Please note: if access agreement to allow the property listed above.	logy) to enter the p f you are not the pr	roperty
disclosure under the Ecology must provide address will not be punderstand that I may	ne Public Record Act or e the data, including my published in any report ge	my property are subject or the Freedom of Information name and address. Howe enerated by Ecology or its collected from my property me of sale.	ation Act. If reque ver, my name and representatives. I	sted,
•		ees, and representatives for testing, evaluation, and o	_	•
Property owner signa	ature		Date	
Please return your	completed form to Leslie Jimer	nez at Public Health Seattle & K	ing County, 401 Fifth A	Ave,

Suite 1100, Seattle WA 98194, or email it to ljimenez@kingcounty.gov.