

Maine State Housing Authority (MaineHousing)  
 ARSENIC ABATEMENT PROGRAM

**STATEMENT OF RELEASE  
 Rental Property Owner**

**OWNER**

**CO-OWNER**

\_\_\_\_\_  
 First Name                  MI                  Last Name

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Company

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Mailing Address

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City    State                  Zip

Daytime Phone                  \_\_\_\_\_

Evening Phone                  \_\_\_\_\_

Email Address                  \_\_\_\_\_

\_\_\_\_\_  
 First Name                  MI                  Last Name

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Company

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Mailing Address

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City    State                  Zip

Daytime Phone                  \_\_\_\_\_

Evening Phone                  \_\_\_\_\_

Email Address                  \_\_\_\_\_

**PROPERTY**

**AGENCY**

\_\_\_\_\_  
 Property Street

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Property City                                  Property State                  Property Zip

\_\_\_\_\_  
 Maine State Housing Authority (MaineHousing)  
 Agency Name

\_\_\_\_\_  
 26 Edison Drive  
 Mailing Address

\_\_\_\_\_  
 Augusta    ME                  04330-6046  
 City    State                  Zip

**Agency Contact/Representative:**

Name                  \_\_\_\_\_  
 Jessica Rowe

Phone                  \_\_\_\_\_  
 207-624-5744

Fax                          \_\_\_\_\_  
 207-624-5780

Email                          \_\_\_\_\_  
[EHS Housing@mainehousing.org](mailto:EHS Housing@mainehousing.org)

I/We, the undersigned authorize the MaineHousing, the Agency identified above, to contact any employer, town official or other agency deemed necessary and appropriate to obtain information or verifications required to comply with my/our Arsenic Abatement Program Application.

\_\_\_\_\_  
 Signature of Owner

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\_\_\_\_\_  
 Date

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\_\_\_\_\_  
 Signature of Co-Owner

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\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness

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\_\_\_\_\_  
 Date

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\_\_\_\_\_  
 Witness

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\_\_\_\_\_  
 Date