



**RADON PRIVACY WAIVER AUTHORIZING DISCLOSURE  
TO A THIRD PARTY**

I, the undersigned [your name] \_\_\_\_\_, owner of  
[property address] \_\_\_\_\_ give the  
exclusive right to Inspect Des Moines, LLC to perform a short term test on my property  
for the presence of radon decay products and also share the radon test results with  
[recipient name] \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_