

# NOTE: Remember to take 'before' photos!

(BEFORE and AFTER photos are required!)

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## Chain of Custody Form Zonolite Attic Insulation Trust

Enclosed is a sample of insulation that I collected according to the directions provided by the Zonolite Attic Insulation Trust. I have labeled the container with my name and date of collection.

CLAIMANT NAME: \_\_\_\_\_  
PLEASE PRINT

Sample Collected by: \_\_\_\_\_ Claimant  Contractor   
PLEASE PRINT

If collected by Contractor, Name of Contractor's Company (Please PRINT):

\_\_\_\_\_

Date Collected: \_\_\_\_\_

Collected From: \_\_\_\_\_  
Property Address

Where Collected: \_\_\_\_\_  
Brief description of location sampled (such as: center of attic)

Comments: \_\_\_\_\_

### Declaration

I declare under penalty of perjury under applicable law that the forgoing is true and correct and that the sample came from the structure that is the subject of this claim, and that any request for reimbursement is not made with fraudulent intent.

\_\_\_\_\_  
Signature of Claimant Date

\_\_\_\_\_  
Signature of certified, licensed abatement contractor, if any Date

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This section to be filled out by The Trust

Sample Received by: \_\_\_\_\_  
Printed Name Signature

Date Received: \_\_\_\_\_

Visual Inspection by: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_  
Signature

Trust Sample Number Assigned: \_\_\_\_\_

Sent to Laboratory: \_\_\_\_\_  
Name of Laboratory

Date of Transfer: \_\_\_\_\_

Receipt at Lab by: \_\_\_\_\_  
Printed Name Signature

Date Received: \_\_\_\_\_