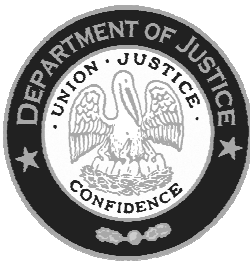


Contaminated Drywall Information

Please fill out to the best of your ability and return to:



James D. "Buddy" Caldwell
Attorney General
Louisiana Department of
Consumer Protection Section
P.O. Box 94005
Baton Rouge, LA 70804
Phone: (800) 351-4889
Fax: (225) 326-6499

If you suspect that your home contains contaminated drywall, please fill out the following information. Providing this information does not guarantee that you will receive funding through any Contaminated Drywall Program, but will help us in assessing how many Louisiana citizens believe they have contaminated drywall.

Please note that while information provided here will otherwise be kept confidential, it may be shared with appropriate state or federal agencies in seeking further assistance for those with contaminated drywall.

_____ * Date _____ * Full Name of Person Filing

* Mailing Address: _____

* Home Phone: _____ * Work Phone: _____ * Parish: _____

* City, State: _____ * Zip: _____

* Address of Contamination: _____

* City: _____ * State: _____ * Zip: _____

* Telephone: _____ *Email Address: _____

- How many people live in the home? _____
- How many children under the age of 18 live in the home? _____
- How many adults over the age of 65 live in the home? _____
- Is this home a part of Road Home? (Please check one below.)
(Yes), I rebuilt with Road Home funds.
(No), but I purchased it with Road Home funds.
(No)
- Road Home Case
No. _____
- In what year was your home rebuilt? _____

RH Comments _____

- When was the drywall installed in your home? (Please check one)
 - Before 2003 2006
 - 2003 2007
 - 2004 2008
 - 2005 2009

- What indicators made you suspect that your drywall is contaminated? (Please check one)
 - Smell of sulphur in the home
 - Corrosion of electrical wiring, metal faucets or decorative metals
 - Corrosion of copper pipes in the water system, including the water heater
 - Failure of large appliances such as A/C unit, washer and dryer, refrigerator, etc
 - All the above
 - None of the above
 - Other

- If other indicators, please specify. _____

- What health symptoms have you experienced that you attribute to exposure to contaminated drywall? (Check all that apply)
 - Nose Bleeds
 - Headaches
 - Coughs
 - Rashes
 - Upper respiratory or sinus issues
 - All of the above
 - None of the above
 - N/A-not currently staying in the house

- If other health symptoms, please specify. _____

- Has your drywall been tested for contamination? () Yes or () No

Comments about testing. _____

- How was your dywall installed? (Please check one)
 - By a contractor
 - As part of a self build

- Name of contractor: _____

- If known, what company was your drywall purchased from? _____

- Are you in litigation regarding your drywall? () Yes or () No

- Are you currently living in temporary housing due to contaminated drywall? (Please check one) () Yes or () No

- If (Yes), what is the property address? _____
 - Other comments? _____
-

PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are signifying that you have read and understand the following statements: I understand the Attorney General's Office may provide copies of this form and any attachments to the business complained about and other private and public agencies. I authorize the Office of the Attorney General to give copies or any information of the form to anyone deemed necessary by them.

I understand that the Attorney General's office is not my legal representative. I understand that it is recommended that I consult a private attorney. I also understand that I may lose my private right to sue about this matter entirely if I wait too long to do so. I also understand that any action by the Attorney General's office may not result in a refund or other relief for me personally. I wish to file this complaint with the Attorney General's office. I understand that your office does not conduct litigation for individuals in matters which involve purely private controversies. I am, however, filing this complaint to notify your office of the activities of this party and to seek any other assistance you may be able to render.

() I understand and agree to all above conditions

Signature: _____

Date : _____