

Date: [Insert Date]

To: [Insert Name of Resident/Tenant/Occupant]

Address: [Insert Property Address/Unit Number]

Subject: NOTICE OF ASBESTOS REMEDIATION AND SAFETY HAZARD

Dear [Insert Name],

This letter serves as formal notification that asbestos-containing materials (ACM) have been identified at the property located at [Insert Address]. Specifically, the affected areas include: [Insert Specific Locations, e.g., Basement ceiling tiles, Hallway flooring].

To ensure the safety of all occupants and to comply with health and safety regulations, professional remediation and abatement activities have been scheduled. The work will be performed by a licensed and certified asbestos abatement contractor.

Remediation Schedule:

Start Date: [Insert Date]

Estimated Completion Date: [Insert Date]

Work Hours: [Insert Times, e.g., 8:00 AM to 5:00 PM]

Safety Requirements and Access:

- Access to the following areas will be strictly prohibited during the work period: [Insert Restricted Areas].
- Please ensure that all windows and doors leading to the work area remain closed.
- [Optional] You are required to vacate the premises during the following times: [Insert Dates/Times].
- Air monitoring and containment barriers will be in place to prevent the release of fibers.

Following the completion of the remediation, a third-party air clearance test will be conducted to confirm that the area is safe for re-entry. You will be notified once the final clearance has been granted.

If you have any questions or concerns regarding this process, please contact [Insert Contact Name] at [Insert Phone Number] or [Insert Email Address].

Thank you for your cooperation in maintaining a safe environment.

Sincerely,

[Your Name/Signature]

[Your Title/Organization Name]