



I Have a Smoke-Free Building!

Please list my smoke-free building on the
Live Smoke Free web site!
www.mnsmokefreehousing.org

Property Name _____ Management Company _____

Contact Name _____ Title _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Web site _____

Type of Building

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Senior Housing |
| <input type="checkbox"/> Town Home | <input type="checkbox"/> Market Rate |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Affordable/Section 8 Housing |
| <input type="checkbox"/> Co-Op | <input type="checkbox"/> Other _____ |

No. Buildings _____ No. Units _____ Date Policy in Effect _____

No. Smoke-Free Buildings _____ No. Smoke-Free Units _____

Smoke-Free Policy

- | | |
|--|--|
| <input type="checkbox"/> Prohibited in All Units | <input type="checkbox"/> Prohibited in Entryways |
| <input type="checkbox"/> Prohibited in Some Units
(explain) _____ | <input type="checkbox"/> Prohibited on Entire Property |
| <input type="checkbox"/> Current Smokers Grandfathered Until _____ | <input type="checkbox"/> Other _____ |

Additional Information (pet policy, amenities, etc.)

Reasons for Going Smoke Free

- | | |
|---|--|
| <input type="checkbox"/> Protects Health of Tenants | <input type="checkbox"/> Received Insurance Benefits |
| <input type="checkbox"/> Reduced Fire Risk | <input type="checkbox"/> Received Tenant Requests |
| <input type="checkbox"/> Reduced Maintenance/Turnover Costs | <input type="checkbox"/> Other _____ |

Please return to Live Smoke Free