

Sample Resident Letter and Secondhand Smoke Survey for Use by Apartment Owners and Managers

Date

Dear Residents:

We are pleased that you have chosen to reside at [*name of property/building*]. [*The name of property management company and/or property*] has been studying the changes that are occurring in the management of apartments. Many owners are deciding to regulate the use of tobacco products within their properties. One reason for this is because secondhand smoke is a health hazard. The 2006 U.S. Surgeon General's Report stated that there is no safe level of exposure to secondhand smoke.

In addition, smoking materials are the leading cause of fire deaths. Cigarettes, cigars, and pipes are twice as likely to be the cause of fires in apartment buildings, compared to one and two-family homes and mobile homes.

To ensure the health and safety of all persons living here, we are considering adopting a smoke-free policy for our building and individual units. We would like to hear from you! Let us know what you think about having rules about tobacco use in the building and on the grounds. Please fill out the short survey below and return it to [*name of office, etc.*].

Those who complete the survey and return it to the office by _____ will be entered in a drawing for a \$50 gift certificate [*name of gift certificate*].

Sincerely,

[*Apartment Manager's name*]

TENANT SURVEY

1. How many occupants in your unit smoke? _____
2. Do you allow guests to smoke in your unit? YES NO
3. Have you been bothered by secondhand smoke drifting into your apartment? YES NO.
If yes, can you identify the source of the smoke? _____
4. What policies would you support? (check all that apply)

- Smoking prohibited in ALL residential units
- Smoking prohibited in SOME residential units (designate smoking/non-smoking buildings like is done with hotel rooms)
- Smoking prohibited within 25 feet of building entrances/stairwells
- Smoking prohibited on balconies/patios
- Smoking prohibited at outdoor common areas (pool, children's play area, tennis/volleyball courts, etc...)
- Smoking prohibited entirely on the premises
- No restrictions on smoking

5. If certain buildings were designated as NON-smoking, would you be interested in moving into a smoke-free building? YES NO POSSIBLY

6. If certain buildings were designated as SMOKING, would you be interested in moving into a smoking-permitted building? YES NO POSSIBLY

Comments:

Name (optional):

Address (optional):

TENANT SURVEY- GIFT CERTIFICATE DRAWING

Thank you for filling out our survey. To be entered in the drawing, please fill out the information below, detach from the survey, and turn into the collection box or office drop box.

Name: _____ Phone: _____