



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 building/property]. The [name of management company or apartment building] have been studying changes that are occurring in the multi-unit housing industry. Many property owners are deciding to limit the use of tobacco products within their properties.

Apartment building owners are adopting smoke-free policies for a number of reasons. Secondhand smoke is a health hazard, especially for children, the elderly, and persons with chronic illnesses. According to a report from the US Surgeon General, there is no safe level of secondhand smoke exposure. Also, smoking related fires are the leading cause of fire deaths in Minnesota. (Source: MN Fire Marshal)

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 value your input! Tell us 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.].

Sincerely,

[Apartment Manager's name]

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Do you smoke in your unit?

- Yes, I smoke in my unit or allow others to smoke in my unit
- No, I do not smoke in my unit or allow others to smoke in my unit

Can you smell secondhand smoke in your unit? (Check all that apply)

- Yes, I can smell secondhand smoke coming into my unit from somewhere else in the building
- The smoke smell bothers me and/or makes me ill
- No, I cannot smell secondhand smoke coming into my unit

Would you like to live in a smoke-free building? (Check all that apply)

- Yes, I would like our building to be smoke free, including the individual apartment units
- I would also like the following to be smoke-free:
- Patios, balconies, and decks
- Building entrances
- Entire Property, including all outdoor and indoor areas
- No, I would like our building to continue to allow smoking in the units
- I have no preference

Comments:

Optional Information:

Name: _____ Unit #: _____ Phone: _____