

Sample Tenant 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 management of apartments. Many owners are deciding to regulate 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, for which there is no safe exposure. (Source: U.S. Surgeon General, 2006).

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.].

Sincerely,

[Apartment Manager's name]

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Do you smoke in your unit?

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

Can you smell smoke in your unit?

- Yes, I can smell secondhand smoke coming into my unit from another unit
- The smoke smell bothers me/The smoke smell makes me ill
- I'm worried about the effects the secondhand smoke has on my health or the health of people who live with me

Would you like to live in a smoke-free building?

- Yes, I would like our building to be smoke free; including the units
- No, I would like our building to continue to allow smoking in the units
- I have no preference
- Building Name: _____

Comments:

Optional Information:

Name: _____ Unit #: _____ Phone: _____