**Sample Tenant Letter and Survey for Owners/Managers**

Date:

Dear Residents:

We are pleased that you have chosen to reside at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address of property). We at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (management company or apartment complex) have 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. Secondhand smoke is a health hazard, especially for children, the elderly, and persons with chronic illnesses.

In addition, smoking materials have been the leading cause of fire deaths for years. They are also twice as likely to be the cause of fires in apartment buildings, compared to one and two-family homes and mobile homes. (Source: National Fire Protection Association)

To ensure the enjoyment and safety of all persons living here, we are considering designating some or all of our apartment units as smoke-free. But we would also like to hear from you. Please let us know what you think about the idea of rules about tobacco use in the building(s) and on the grounds by filling out the short survey below.

Sincerely,

(Apartment Manager’s name)

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**1.** **I prefer to live in a building where smoking is –** (Please check all that apply)

□ **Not allowed in enclosed common areas** (lobby, recreation room, laundry room, stairwells, halls)

**□ Not allowed in some outdoor areas** (swimming pool, play area, building entrances, courtyard)

**□ Not allowed on balconies and patios**

**□ Not allowed in *some* units □ Not allowed in *all* units**

**2. I would be interested in moving to a unit in a smoke-free building.**

**□ YES □ NO**

**3. I would be interested in moving to a unit in a smoking-permitted building.**

**□ YES □ NO**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt, # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Please return completed survey to (the manager’s mailbox). We appreciate your participation.