

[PROPERTY LETTER HEAD]

Subject: Smoke-free Policy Survey

Date: [DATE]

Dear Residents,

Thank you for choosing [PROPERTY NAME]. In an effort to support the health of our residents and ensure your safety, we are considering adopting a smoke-free policy.

Secondhand smoke is a health hazard, especially for children, the elderly, and persons with chronic illnesses. The U.S. Surgeon General's Office has found that there is no safe level of exposure to secondhand smoke. A smoke-free policy will also reduce the risk of a fire breaking out in your building.

Your input in considering a smoke-free policy is important to us. Your feedback will help us determine the scope of this policy. That is, we're interested in whether to apply this policy to all units in certain buildings or to all units in all buildings. We're also considering how this policy might apply to outdoor areas on our property.

Please complete the survey below and return it to [LOCATION] by [DATE].

Sincerely,

[APARTMENT MANAGER'S NAME  
CONTACT INFO]

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**Do you allow smoking in your unit?** (Check one.)

- Yes.       No.

**When smoke drifts into your unit, how does it affect you?** (Check all that apply.)

- The smell bothers me.  
 The smell makes me feel ill.  
 I'm worried about the effects of secondhand smoke on my/our health.  
 I don't mind it.

**Do you support the idea of a smoke-free policy?** (Check one.)

- Yes. I would like all units in my building to be smoke free.  
 Yes. I would like all units and all areas of the property grounds to be smoke free.  
 Yes. However, I think a designated smoking area outdoors would be appropriate.  
 No. I do not support the adoption of a smoke-free policy.

**Comments**