

[PROPERTY LETTER HEAD]

Subject: Smoke-free Policy Feedback

Date: [DATE]

Dear Residents,

Thank you for choosing [PROPERTY NAME]. On [DATE], we implemented a smoke-free policy to protect the health and safety of our residents.

As you are aware, secondhand smoke is a health hazard, especially for children, the elderly, and persons with chronic illnesses. Our smoke-free policy also reduces the risk of fire, further protecting the safety of our residents and their belongings.

Our smoke-free policy applies to: [EDIT AND INCLUDE NO MORE THAN TWO BULLETS -- ONE REGARDING UNITS AND ONE REGARDING OUTDOOR SPACES.]

- All units in [all buildings] [buildings 1, 2, 3 & 4], including balconies and patios.
- All units in [all buildings] [buildings 1, 2, 3 & 4], not including balconies and patios.
- All outdoor areas.
- All outdoor areas except the designated smoking areas.
- All outdoor areas within a 25-foot perimeter of each smoke-free building.

We would like to hear what you think about our new smoke-free rules. This will help us determine the effectiveness of the policy and help us better educate our residents. Please complete the survey below and return it to [LOCATION] by [DATE].

Sincerely,

[APARTMENT MANAGER'S NAME  
CONTACT INFO]

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**Since [DATE], have you witnessed (seen or smelled) smoking in any of the areas mentioned above? (Check one.)**

- No.             Yes, I witnessed smoking at/in/on \_\_\_\_\_.

**Have you mentioned the smoke-free policy to anyone who was smoking? (Check all that apply.)**

- No. I did not have the opportunity to do so.  
 No. Doing so would have been uncomfortable.  
 Yes. I pointed out a sign in my building.  
 Yes. I pointed out a sign in an outdoor area.  
 Yes. I mentioned the policy in the lease.

**In your own words, what do you think about the smoke-free policy?**

**Do you have any suggestions regarding education or enforcement?**