# SMOKEFREE APARTMENTS HOUSE REGISTRY Application for Listing



OWNER / MANAGER INFORMATION				
First		Last		
Address				
City	State	Zip Co	ode	
Phone Number	Fax Number			
Email Address				
SMOKEFREE APARTMENT BUILDING	G INFORMAT	ION		
I own or manage a smokefree apartment bu	ilding. The build	ling/s a	re located in:	
City	County			State
Number of Buildings which are Smokefree				
Number of Units which are Smokefree				
Common Areas Inside & Outside are Smokefree		YES	NO	
Balconies & Patios are Smokefree		YES	NO	
The no-smoking policy is required by lease.				
I am in need of a no-smoking lease addendum	. Please send.			
I am in need of blank vacancy forms.				

# I will call, fax or send an email to the Registry when I have a vacancy.

## Mail to:

The Smokefree Apartment House Registry P.O. Box 246 Newbury Park, CA 91319 818-363-4220 818-427-8921

### OR

### Fax to:

805-498-6417

