

# SMOKEFREE APARTMENTS HOUSE REGISTRY

## Application for Listing



### OWNER / MANAGER INFORMATION

First

Last

Address

City

State

Zip Code

Phone Number

Fax Number

Email Address

### SMOKEFREE APARTMENT BUILDING INFORMATION

**I own or manage a smokefree apartment building. The building/s are 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

