Smokefree Apartment House RegistryP.O. Box 246 Newbury Park, CA 91319
818/363-4220 or 818-427-8921 – FAX: 805-498-6417

 $Email-\underline{info@smokefree apartments.org} \bullet \underline{http://www.smokefree apartments.org}$

Notification of Vacancy		
Date:	How did you hear about us?	
Landlord Name:		
Address:		City:
Zip Code:	E-mail:	
Phone #:		FAX #:
Name of Property	y:	
Address of Vacar	ncy:	
City/Community: Zip Code:		Zip Code:
# of Designated Units Smokefree:		Total # of units in Building:
Is Entire building	g Smokefree? (circle one)	YES NO
Is this Landlord	already listed on our website? (c	ircle one) YES NO
Description of V	acancy	
# of Bedrooms: _	Person t	o call for info:
# of Bathrooms:	Phone #	:
Additional rooms	s: (sunroom, dining room)	
Parking:		
Amenities:		
Is the smokefree	requirement written into the least	se or rental agreement? (circle one) YES NO
Rent amount/Sec	eurity deposit: \$	
Other requiremen	nts: (no pets, etc.)	