Policy Violation Form:

**NOTICE OF SMOKING INCIDENT**

**BUILDING**: **DATE**:

**RESIDENT**: **UNIT NO**:

This notice is to inform management of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartments of the following smoking-related incident:

Description of incident:

|  |  |  |
| --- | --- | --- |
|  | 1. | Smoking coming into rental unit |
|  | 2. | Smoking observed in indoor common area |
|  | 3. | Smoking observed in outdoor area |
|  | 4. | Other: |

Remarks/Detailed Description:

Please submit this form to the rental office.

Tenant Date

Source: Created by the Live Smoke Free program (www.mnsmokfreehousing.org) and the Public Health Law Center (www.publichealthlawcenter.org) in St. Paul, MN.