

# SMOKEFREE APARTMENT HOUSE REGISTRY

## APPLICATION FOR LISTING \_\_\_\_\_

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
(Office Use Only)

City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ I own or manage a smokefree or partially smokefree apartment building  
(at least one third of the units next to each other are smokefree.)

\_\_\_\_\_ You may list the following information on the Smokefree Apartment House  
Registry website as an encouragement to other apartment owners who are considering regulating  
smoking in their apartment buildings.

Name \_\_\_\_\_

Cities in which apartment buildings are located:

\_\_\_\_\_  
\_\_\_\_\_

Number of Units Smokefree: \_\_\_\_\_

Number of Buildings Smokefree: \_\_\_\_\_

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

Mail to:  
The Smokefree Apartment House Registry  
10722 White Oak Avenue, #5  
Granada Hills, CA 91344  
or FAX 818/363-2260

