

Utah's Smoke-free Housing Guide – Application

Name of Complex _____

Address _____

City, State and Zip Code _____

Contact Name _____

Email _____

Phone _____ Fax _____

Website Address _____

Total Number of Units _____

Number of Units Smoke-free _____

Number of Buildings Smoke-free _____

Restrictions on smoking on premises Yes _____ No _____

Details (Additional Information on smoke-free policy)

Mail or fax completed form to:

Tobacco Prevention Control Program
Utah Dept of Health
P O Box 142106
Salt Lake City, Utah 84114-2106

Fax (801) 538-9303



Smoke-free Community