

**Promote Your Policy:
SMOKE-FREE HOUSING REGISTRY**

YES, I WOULD LIKE TO HAVE MY PROPERTY LISTED ON THE SMOKE-FREE HOUSING REGISTRY MAP

Mr.	Mrs.	Ms.	Name:
Address:			
City:		State:	ZIP Code:
Phone:		Fax:	
Email:			

PROPERTY INFORMATION

Name of Property:						
Address of Property:						
City:			State:		ZIP Code:	
Phone: ()						
Total # of Units:				# of Smoke-Free Units		
Is smoking 100% prohibited on the whole campus at this location?	Yes	No	Are outdoor decks, patios and balconies smoke-free at this location?		Yes	No
			Is smoking prohibited within 25, 15 or 10 feet of the buildings at this location? <small>(If yes, circle one.)</small>		Yes	No
Does your smoke-free policy prohibit vapor product use indoors?					Yes	No

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Address of Property:						
City:			State:		ZIP Code:	
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Total # of Units:				# of Smoke-Free Units		
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To be included on the Smoke-Free Housing Registry Map, you must include this informational sheet as well as a copy of your lease or policy that explicitly states the no-smoking policy. Once this information is received, we will contact you for more information to be included in the Smoke-Free Housing Registry. [This registry will be available to the public.](#)

For more information, feel free to contact us at (402) 441-6224.

Signature Property Owner/Manager I certify that the information I am providing is true and accurate.	Date:

Return to: Lincoln-Lancaster County Health Department, 3131 O Street, Lincoln, NE 68510 Attn: Tobacco Prevention
Fax to: (402) 441-8323 or scan and e-mail to Chitz@lincoln.ne.gov



**PLEASE USE OTHER SIDE OF PAPER FOR
ADDITIONAL ADDRESSES/LOCATIONS**



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Does your smoke-free policy prohibit vapor product use indoors?					Yes	No

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