



Tobacco Smoke Infiltration Resolution Efforts Form

Use this form to track your efforts to resolve your issue with tobacco smoke drifting into your apartment unit. Be as specific as possible and include as many details as possible and keep copies of any correspondence.

Date, time, location	Form of communication (i.e. letter, phone call, email)	Person(s) contacted (name, title, phone number, email address)	Purpose and result of action

For more information and resources, visit www.AzSmokeFreeLiving.org, call 602-258-7505, or email info@azsmokefreeliving.org

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