

Chapter 6 Part 3. No Smoking Policy Acknowledgement Form

Shelton Housing Authority Pioneer Apartments

I, _____, acknowledge the receipt of a copy of the Shelton Housing Authority's No Smoking Policy and the fact that it has been explained to me. I have read the policy and understand that no one, including myself, my family and/or guests may smoke inside my apartment. Violation of the policy can lead to my and my family's eviction from the property.

Tenant Signature

Date

Tenant Signature

Date

Tenant Signature

Date

Housing Authority Representative

Date