



NORTHAMPTON HOUSING AUTHORITY

*This is an important document. Please let us know if you need help with translation.
Este es un documento muy importante. Por favor déjeme saber si necesita ayuda con la traducción*

SMOKING INCIDENT NOTIFICATION

Person Notifying Northampton Housing Authority

First Name		Property:	
Last Name		Unit #	
Email Address		Phone #	

Description of Incident	Date	Time	Location
Smoke coming into apartment			
Smoking observed in indoor common area			
Smoking observed in a non-designated outdoor area			
Smell of smoke within unit upon conducting inspection/maintenance service request			
Observation of smoking materials in residential unit (ashtrays with disposed cigarettes) unit upon conducting inspection/maintenance service request			
Observation of cigarette burns in flooring, countertops, furnishings, etc. unit upon conducting inspection/maintenance service request			

Signature of Tenant/Maintenance/Contractor

Date

If you are a tenant and wish to remain anonymous please mark this box with "x."

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