

BreatheEasy Georgia Smoke-free Recognition Program

Recognition Application



Thank you for your interest in BreatheEasy Georgia Smoke-Free Recognition and your commitment to providing a healthy environment for your residents and staff.

Complete this application and the supporting documents checklist. Return the application, checklist, and all applicable supporting documents through one of the following options:

- Email to: info@breatheeasygahomes.org
- Mail to: Tobacco Program Manager, Chronic Disease Section 16th Floor, 2 Peachtree Street, Atlanta GA 30303

Indicate your Smoke-Free Recognition Level:

- Gold:** Breathe easy everywhere: No smoking throughout the entire community.
- Silver:** Breathe easy where you live and play: No smoking anywhere except in designated areas 25 feet from buildings and amenities.
- Bronze:** Breathe easy in your home: No smoking inside units and indoor and outdoor common areas.

Property Name*: _____ Management Company: _____

Property Address: _____ City: _____ State: _____

Zip Code: _____ Property or Company website: _____

Mailing address (if different from rental property address): _____

Date of Policy Adoption: _____ Name: _____ Title: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

We plan to list all recognized properties on the BreatheEasy website (using the address and website provided above).

If you do **NOT** want to be listed, check here: Opt Out

How did you hear about the BreatheEasy Georgia Recognition Program?

- Colleague Apartment Association Department of Public Health Internet search Other: _____

* If you have multiple smoke-free properties and would like to submit a single application, email info@breatheeasygahomes.org