

ESTABLISHED
JULY 30, 1960



Housing Authority of The City of Moundsville

OFFICE, 501 TENTH STREET
MOUNDSVILLE, WEST VIRGINIA 26041

TELEPHONE: (304) 845-3141
FAX: (304) 845-3147

TEMPORARY SMOKING EXEMPTION FORM

RESIDENT NAME: _____

UNIT ADDRESS: _____

TELEPHONE NUMBER: _____

As a current resident of Moundsville Housing Authority and a smoker, I am requesting a temporary exemption from the Moundsville Housing Authority's Smoke Free Policy adopted on _____. I understand that my exemption will only apply to me and not any other members of my household or my guests. I also realize that my exemption will only allow me to smoke in my own apartment unit and not any other resident's apartment or common area.

I understand that should I move to any other apartment in the building during this exemption time, or should I vacate my tenancy and then return as a new resident at a later time, my exemption will be permanently lost.

I understand that my exemption is temporary and will expire on January 1, 2019, at which time I will adhere to the smoke free policy.

Resident *(Signature)*

Date

MHA Official *(Signature)*

Date