Landlord Disclosure of Smoking Policy

Oregon’s Landlord-Tenant Law (Oregon Revised Statutes Chapter 90) requires that landlords disclose “…the smoking policy for the premises …”

Definition of smoking: The term “smoking” means inhaling, exhaling, breathing, carrying, or possessing any lighted cigar, cigarette, pipe, other tobacco product or similar lighted product in any manner or in any form.

This form provides written disclosure of the SMOKING POLICY at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Smoking policy for the property - Check all that apply:

☐ Smoking is not allowed on the entire premises

☐ Smoking is not allowed:

☐ Inside the units

☐ Inside in all common areas such as hallways and laundry rooms

☐ Outside within \_\_\_\_\_ feet of windows, doors and air intake units

☐ Outside on porches, patios and yards adjacent to the units

☐ Outside in common areas such as pools and playgrounds

☐ In other areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Smoking is allowed on the entire premises

Please refer to the no-smoking portion of your lease or lease addendum.

Signatures:

I have read the smoking policy that governs this address. Initials: \_\_\_\_\_ \_\_\_\_

I understand the smoking policy described above. Initials: \_\_\_\_\_ \_\_\_\_\_

I agree to comply with the smoking policy described above. Initials: \_\_\_\_\_ \_\_\_\_\_

Landlord or owner’s agent printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renter Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Renter Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_