



Disclosure of Information on Current Smoking Policy for Residential Building

Date: _____

Building/property address: _____

The US Surgeon General has concluded that there is no risk-free level of secondhand smoke, and the only way to protect people from the dangers of secondhand smoke is to eliminate the smoke exposure. Secondhand smoke contains more than 7,000 chemicals; 70 of which are known to cause cancer in humans. Exposure to secondhand smoke can also cause or exacerbate serious health conditions including heart disease, pneumonia, ear infections, asthma, headaches, emphysema, and sudden infant death syndrome.

Policy on smoking for the building/property listed above:

As of date: _____, smoking is not allowed in the locations checked below (check all boxes that apply.) If boxes are left unchecked, smoking is allowed. I understand that this policy is subject to change.

Inside all residential units

Inside some residential units* (please specify where smoking is allowed)

In indoor common areas (includes hallways, community rooms, and entryways)

In outside areas (please specify where smoking is allowed)

**check if there are residents/homeowners temporarily or permanently exempted (grandfathered) from the policy*

City of St. Paul Smoking Disclosure Ordinance:

Effective January 1, 2022, Chapter 194 of the Saint Paul Legislative Code, titled Smoking Policy Disclosure, requires the completion of a smoking sale disclosure form for sale of units within a common interest community. Common interest communities (CIC's) include condominiums, townhomes, retirement communities, and other individually owned units that share facilities and common areas. Sellers are required to disclose the CIC's smoking policy to prospective buyers.

State of Minnesota Clean Indoor Air Act:

The Minnesota Clean Indoor Air Act (MCIAA) (Minn. Stat. §§ 144.411 to 144.417) does not address common interest communities. However, no federal or state law prohibits private property owners and associations from adopting smoke-free policies for all parts of their property, including common areas and individual residential units.

Date and signature:

Homeowner/Seller printed name: _____ Date: _____

Homeowner/Seller signature: _____ Date: _____

Please fill out this form and mail or email the completed form to:

Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, MN 55101-1806
ATTN: TISH Program Manager

OR

vicki.sheffer@ci.stpaul.mn.us