

**Somersworth Housing Authority**

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Report of Smoking Incident

Property: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

**Information of Person Reporting Smoking Incident**

Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

**This notice is to inform SHA Management of the following smoking related incident I witnessed:**  
*(A separate form must be filled out for each incident)*

Date of Incident: \_\_\_\_\_

Description of Incident (please check all that apply):

- Smoke coming in to rental unit
- Smoking observed in indoor common area
- Smoking observed in prohibited outdoor area
- Smoking observed in rental unit
- Other: \_\_\_\_\_

**Information of Person/Persons Involved in Incident**

The person(s) is  Tenant in Unit # \_\_\_\_\_  Guest of Tenant in Unit # \_\_\_\_\_

Name of Person(s) or detailed description: \_\_\_\_\_

Comments/Details of Incident: \_\_\_\_\_

**Please submit signed form to the SHA Central Office- Anonymous reports will not be accepted**

\_\_\_\_\_  
Signature of Person Reporting

\_\_\_\_\_  
Date

**For Office Use Only**

Report Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Tenant Incident # \_\_\_\_\_

\_\_\_\_\_  
Signature