Primary Business Address

Your Address Line 2

Your Address Line 3

Your Address Line 4

Organization

<<DATE>>

<<NAME>>

<<ADDRESS 1>>

<<ADDRESS 2>>

Dear <<NAME>>,

I am writing to ask for your help with an important survey to learn more about residents’ thoughts on smoking rules. The best way to learn about residents’ thoughts on this important issue is to ask directly, so we are asking for feedback from you and your neighbors.

The questions should take no more than 10 minutes to answer. Your response to the questionnaire is voluntary and you do not need to put your name on it, so your answers can be anonymous.

If you have any questions about this survey, please contact <<NAME>> at <<PHONE or EMAIL>>. Please return the survey to <<RETURN LOCATION>> by <<DATE>>.

By completing the enclosed questionnaire, you will be helping your community make important decisions about smoking rules. Thank you for sharing your views.

Thank you,

<<NAME>>

<<TITLE>>

<<CONTACT INFO>>