



Montgomery County Department of
Health and Human Services
Licensure and Regulatory Services

255 Rockville Pike, Suite 100; Rockville, Maryland 20850
Phone: 240-777-3986 Fax: 240-777-3088

INSTRUCTIONS: Complete the form as accurately as you can, including all information personally known to you. Describe what you observed in as much detail as you can. Be sure to sign and date the form before submitting it by mail, fax, or in person to the address given above.

SMOKING COMPLAINT AFFIDAVIT

Name of Violator:

Street Address:

City/State: Zip Code:

Owner, Management Company or HOA Name:

Street Address:

City/State: Zip Code:

Type of Business or Property:

Date and time of possible violation:	DATE:	TIME:	AM:	PM:
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Description of possible violation of the Clean Indoor Air Act. Describe each violation, indicating if the violation relates to: (1) Smoking in a prohibited area or (2) Failure to post sign. Use additional pages, if necessary.

Possible violation location. Identify the exact location where violation occurred (e.g., building and room or playground location).

This condition has been brought to the attention of:	<input type="checkbox"/> Owner	<input type="checkbox"/> Other government agency (Specify)
	<input type="checkbox"/> HOA	<input type="checkbox"/> Management Company

Complainant's Name:

E-Mail Address:

Street Address:
City/State: Zip Code:

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Signature: Date:

ATTENTION: SMOKING (REV. 8/2011)	For Department Use Only: Date Received: Assigned To:
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