

Iowa Smokefree Air Act **Iowa Dept. of Public Health**
1st Notice of Potential Violation **Division of Tobacco Use Prevention & Control**
Proprietor Contact Report

Form No.
09-cp01

Directions:

- (1) Complete this form electronically
- (2) E-mail this form to:
Donald.owens@idph.iowa.gov
when completed.

Community Partnership:		Staff person:
Date of IDPH Notice:	Business Name:	
Business Address:		
Contact Date:	Contact Person(s):	
Site Visit Date:	(If unable to complete the site visit, explain in comments section)	
Comments / Site Visit Result:		