

## **NOTICE OF ENTRY: INDOOR AIR QUALITY ASSESSMENT**

**Date:** [Insert Date]

**To:** All Residents/Tenants of [Insert Building Name/Address]

Dear Resident/Tenant,

Please be advised that management or authorized contractors will be entering your unit to perform a routine Indoor Air Quality (IAQ) Assessment.

**Scheduled Date:** [Insert Date]

**Estimated Time Window:** [Insert Time, e.g., 9:00 AM to 5:00 PM]

The purpose of this entry is to ensure a healthy living environment. The assessment may include:

- Inspection of ventilation systems and air filters.
- Testing for humidity and carbon dioxide levels.
- Visual inspection for moisture or mold growth.
- Checking carbon monoxide and smoke detectors.

You do not need to be present during this assessment. If you have pets, please ensure they are secured in a crate or a separate room for the duration of the visit.

If you have any questions or need to discuss specific access requirements, please contact the Management Office at [Insert Phone Number] or [Insert Email Address].

Thank you for your cooperation.

Sincerely,

[Insert Name/Property Management Company]  
[Insert Contact Information]