

SENIORS SAFETY AND SECURITY REBATE AUTHORISATION

Landlord/property manager's
name: _____

Landlord/property manager's phone
number _____

Landlord/property manager's postal
address _____

Address of rental property:

Owner/agent declaration: "I approve the installation of the security device at
the abovementioned property."

Owner/Agent's signature

Date: _____ / _____ / _____