|  |  |  |
| --- | --- | --- |
| **Date:** |  | **DSS Security Agreement Denial**  |
| **Client Name:** |  |
| **Client Number:** |  |

I am the landlord at the below referenced property and I will not accept the Security Agreement from the

Erie County Department of Social Services.

|  |  |
| --- | --- |
| Property Address |  |
| Landlord Telephone Number: |  |
|  |
| Landlord Signature: |  |
| Date: |  |