

Community Action Agency of Columbiana County
7860 Lincole Place
Lisbon, OH 44432
Phone: (330) 424-4013
Fax: (330) 424-4186

Summer Cooling Program

Date: _____

As the manager for the applicant _____,
who resides at _____, I
give my permission for them to have an air conditioner and understand that this air conditioner is
the tenant's property and will stay with the tenant when and if they leave the premises.

Landlord / Office Manager Signature

Landlord / Office Manager Printed Name