



**Columbiana County Department of Job & Family Services
Social Services**

**110 North Nelson Avenue, Lisbon, Ohio 44432
330-424-7781 *** Facsimile 330-424-1455**

I, _____, am aware that, and have given
(Landlord's Name)

consent for, _____ to provide child care
(Provider's Name)
services at the following address/location:

Landlord Signature: _____

Date: _____

Notary Public Stamp Below

**Carrie Burgess
Adult Protective/Child Care Supervisor**