

I, \_\_\_\_\_, attest that I am the sole owner of the property located at:

\_\_\_\_\_

I have reviewed the proposed plan and give my permission for the installation and unrestricted use of the following equipment and/or modifications: \_\_\_\_\_

\_\_\_\_\_

I understand there will be no cost to me for the installation of the equipment and/or modifications and that the work will be performed by an UIC - Division of Specialized Care for Children (DSCC) approved vendor who assures local building codes will be met and permits obtained.

I understand that the equipment will be owned by the DSCC participant/legal guardian who resides on the property listed above and may be attached to the dwelling to the extent necessary to assure safety of use. The DSCC participant/legal guardian or the vendor will be responsible for equipment maintenance and repairs. If the DSCC participant/legal guardian relocates to a different residence, I understand that the installed equipment will be moved for the DSCC participant's continued use. The areas affected by the modification and/or equipment installation/removal will NOT be restored to their original condition (i.e.; patching, painting, etc.).

I understand the DSCC program accepts no liability in connection with the installation, removal and training of said equipment and/or modifications. DSCC shall incur no liability for any injuries or damage related to the use/misuse of the installed equipment/modification.

Property Owner's Name (Printed): \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

<p style="text-align: center;"><b>Office Use Only</b></p> <p>DSCC ID: _____</p> <p>Date Sent: _____</p> <p>Date Received: _____</p>
---