



Erie County Department of Public Advocacy

Division of Consumer Protection

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Erie.gov/ConsumerProtection

ConsumerProtection@erie.gov

Instructions: Complete and return this form via standard mail, email, or fax.

**ERIE COUNTY LOCAL LAW NO. 5-1 (2026)
"Biometrics Transparency and Privacy Act"**

CERTIFICATION OF DESTRUCTION

Pursuant to Erie County Local Law No. 5-1, Section 4 (2026), Commercial Establishments are prohibited from collecting, storing, procuring, using and selling or otherwise monetizing a Customer's Biometric Identifier Information in Commercial Settings.

In compliance with the "Biometrics Transparency and Privacy Act", Erie County Local Law No. 5-1, Section 5(c) (2026), Commercial Establishments must provide an affidavit to the Director of Consumer Protection certifying the permanent deletion or destruction of all Biometric Information in the Commercial Establishment's possession. Such notice shall be provided to the Director within thirty (30) days of providing written notice to the Director that the Commercial Establishment is in possession of Biometric Information.

Commercial Establishments may use this form to certify to the Director the permanent deletion or destruction of Biometric Information in the Commercial Establishment's possession pursuant to Erie County Local Law No. 5-1, Section 5(c) (2026).

(Print your name) _____, being duly sworn, deposes and says as follows:

1. I am the (your title): _____
of (name of Business): _____
which is located at (number and street): _____
(city and zip code): _____
(email address): _____,
and as such, I am fully familiar with the facts set forth herein.

2. The above-referenced Business, in accordance with Erie County Local Law No. 5-1, Section 5(a) (2026), provided notice to the Director of the Erie County Division of Consumer Protection on (date) _____.

3. The above-referenced Business hereby certifies that in accordance with Erie County Local Law No. 5-1, Section 5(c) (2026), all Biometric Information in the possession of the above-referenced Business was permanently deleted or destroyed on (date)

_____.

Please provide details of the manner in which all Biometric Information was permanently deleted or destroyed below.

4. I acknowledge that the Erie County Division of Consumer Protection and the Erie County Attorney's Office will rely on the statements contained herein.

By signing below, I certify that the statements contained herein are true and correct.

NOTICE: Penalty for False Statements: It is against the law to make a statement in this Certification that you know is false. I understand that any false statements made on this form are punishable as a Class A Misdemeanor under §175.30 and/or §210.45 of the New York State Penal Law.

If you submit this form as an electronically filled-in PDF, you may type your name in the signature field.

Name (Print):

Title:

Signature:

Date:

Disclaimer: This form does not constitute legal advice and does not confirm or guarantee compliance with the law. Use of this form is not a substitute for advice from a licensed attorney.