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ALLEGAN COUNTY SHERIFF'S OFFICE
ALLEGAN, MICHIGAN 49010
269.673.0500

PROPERTY INSPECTION REQUEST

NAME OF REQUESTOR_____

ADDRESS _____ TEL.# _____

TOWNSHIP_____

LEAVE DATE _____ **RETURN DATE** _____

EMERGENCY CONTACT #1 _____ TEL.# _____

EMERGENCY CONTACT #2 _____ TEL.# _____

DESCRIBE ANY VEHICLES THAT WILL BE IN THE DRIVEWAY OR GARAGE:

DETAIL ANY LIGHTS THAT WILL BE LEFT ON OR SET UP ON A TIMER:

ANY OTHER INFORMATION THAT MIGHT BE HELPFUL:

For Official Use Only

DATE RECEIVED: _____ **COMPLAINT #:** _____

SECTION: _____

INSPECTIONS BY:

DATE	TIME	OFFICER AND DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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