

ALLEGAN COUNTY SHERIFF'S OFFICE ALLEGAN, MICHIGAN 49010

269.673.0500

P	ROPERTY INSPE	CTION I	REQUEST
NAME OF REQUESTOR	di.		
ADDRESS			TEL.#
TOWNSHIP			
		RETURN	DATE
			TEL.#
			TEL.#
DESCRIBE ANY VEHICLES	THAT WILL BE IN THE DR	IVEWAY C	DR GARAGE:
DETAIL ANY LIGHTS THAT I	WILL BE LEFT ON OR SE	T UP ON A	TIMER:
	•		
ANY OTHER INFORMATION	THAT MIGHT RE HEI DEI	II •	
ANT OTHER IN ORMATION	THAT WHO IT BE HELPFO	<i>,</i> .	
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	For Official U	lse Only	
DATE RECEIVED:	COMPLAINT #:		
SECTION:			
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	INSPECTION	NS BY:	
DATE	TIME		OFFICER AND DISPOSITION
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